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COVER: This portrait of Dr. George Yeager, by William Albanese, B.F.A., heralds the dedication of this issue to a distinguished alumnus for his years of service to our school and hospital. However, in addition, the BULLETIN also recognizes all those who, by their generous gifts, continue to support the growth and programs of the University of Maryland School of Medicine.

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Michael J. Ichniowski	Steven F. Manekin	John A. Scholl	James H. Walker
Thomas V. Inglesby	Murray Margolis	Mary Louise L. Scholl	Robert G. Warnock
Anne Stieglitz Jacques	Frank S. Marino	Burton G. Schonfeld	George J. Weems
Allan S. Jaffe	Robert D. Mathieson M.D.	Philip J. Schroeder	Israel H. Weiner
Murray Kalish	Robert E. May	Howard L. Seabright	Daniel Welliver
Irvin B. Kaplan	John R. McCormick	Ronald A. Seff	Bennett Werner
William Kaplan	Michael E. McCutcheon	James A. Segal	Fowler F. White
Mark Kappelman	Oscar T. McDonough, Jr.	Joshua Seidel	Katherine C. White
William N. Karn, Jr.	Edgar V. McGinley	Howard Semins	Clark A. Whitehorn
James R. Karns	Alpine W. McGregor	Linda R. Sessums	F. Dixon Whitworth
Reynold M. Karr, Jr.	David McNeely	Robert Shayne	Clifford E. Wilson
Ronald A. Katz	Fred H. Mehlhop	James H. Shell, Jr.	Brian J. Winter
Matthew L. Kaufman	Harriet Meier	Elizabeth B. Sherman	Barry M. Wolk
Raymond B. Keefe	Philip W. Mercer	David Shobin	Harriet H. Wooten
Richard H. Keller	Edmund B. Middleton	Richard G. Shugarman	Joseph B. Workman
James P. Kerr	Kathryn Mikesell	Isadore A. Siegel	Thomas L. Worsley
Eugene F. Kester	Edgar R. Miller	John W. Sigler	Robert R. Young
Michael Kilchenstein	Meyer G. Miller	Donald J. Silberman	Herbert Yousem
Erich Kim	Norman L. Miller	Charles E. Silberstein	Stuart H. Yuspa
Galen H. Kistler	Joel S. Mindel	Kathryn Skitarelic	Leonard M. Zullo
Ronald L. Klimes	Donald W. Mintzer	James L. Smith	
Harry G. R. Knapp	Stephen M. Morgan M.D.	Morton E. Smith	
George M. Knefelv	Robert S. Mosser	Solomon Smith	

We regret any omission. Corrections and additions will be made in the spring issue.

Ed. Note: Abraham Jacobs '29 was inadvertently omitted from last year's Annual Giving Report.

THE CLASS RECORD

PRE 1925
5 GIFTS—\$500.00

Israel S. Zinberg '20
Moses Paulson '21
Andrew Kunkowski '22
Jacob Belenky '23
Robert L. Murray '23

CLASS of 1925
11 GIFTS—\$860.00

Nicholas N. Briglia
Abraham A. Clahr
Eva F. Dodge
Harry Herman Epstein
Samuel S. Glick
Edgar R. Miller
Charles A. Minnefor
Joseph Nataro
Joseph L. Polizzotti
Jack Sarnoff
Charles C. Zimmermann

CLASS of 1926
2 GIFTS—\$650.00

Elizabeth B. Sherman
Max Trubek

CLASS of 1927
7 GIFTS—\$840.00

J. Marion Bankhead
Bernard J. Cohen
H. W. Eliason
Abraham Gellar
Isadore Goldberg
Charles Kutner
A. P. VonSchulz

CLASS of 1928
10 GIFTS—\$850.00

Bernard Friedman
Lewis P. Gundry
Maurice Levinsky
I. B. Lyon
Frank A. Merlino
Hyman S. Rubinstein
Robert S. Sardo
Abraham A. Silver
Theodore Stacy
Milton Wurzel

CLASS of 1929
7 GIFTS—\$600.00

Silvio A. Alessi
Earl Leroy Chambers
Joseph N. Corsello
J. Savin Garber
Abraham Jacobs
W. Glenn Speicher
Ratael A. Vilar Isern

CLASS of 1930
5 GIFTS—\$600.00

Wylie M. Faw, Jr.
Abraham Garfinkel
Abraham Kremen
Frank R. Lewis, Sr.
Robert Perlman

CLASS of 1931
7 GIFTS—\$730.00

Henry I. Berman
M. Ray Hannum
Page C. Jett
Walter Kohn
William Seabold
Henry S. Shelley
Solomon Smith

CLASS of 1932
4 GIFTS—\$235.00

Samuel D. Blum
D. A. Gershenson
Harry C. Hull
Stephen Rosenthal

CLASS of 1933
4 GIFTS—\$250.00

Frank A. Franklin
James S. Gorrell
Meyer G. Miller
Mark Thumin

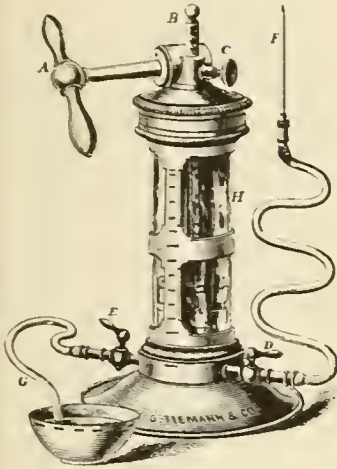
CLASS of 1934
34 GIFTS—\$3,965.00

David F. Brodey
Edgar T. Campbell
Samuel Diener
George E. Dorman
Robert H. Dreher
John E. Echols
Robert W. Farr
Leon H. Feldman
Jerome Gelb
Herbert Goldstone
Howard Goodman
Robert F. Healy
William L. Howard
Edward S. Kallins
Wesley J. Ketz
Reuben Leass
Manuel Levin
Hugh B. McNally
Richard R. Mirow
Olin C. Moulton
William T. Reardon
Morris Rosen
Benjamin I. Siegel
Bernard W. Sollod
Dorothy G. Sproul
Milton R. Stein
S. Jack Sugar
H. Lawrence Sutton
Andrew D. Taylor
Irving Terman
Isadore Tuerk
Frederick J. Vollmer
Richard Wagner

CLASS of 1935
13 GIFTS—\$1,175.00

John W. Albrittain
Ernest I. Cornbrooks
Edward F. Cotter
William G. Helfrich
Walter Lichtenberg
Charles B. Marek
Oscar T. McDonough, Jr.
Alpine W. McGregor
Anthony J. Pepe
Harry M. Robinson, Jr.
Sol Rosen
Benjamin M. Stein
John M. Warren





CLASS of 1936
7 GIFTS—\$720.00

Jerome Feldman
Phillip O. Gregory
Howard T. Knobloch
James P. Moran
Morris J. Nicholson
Gibson J. Wells
Joseph G. Zimring

CLASS of 1937
23 GIFTS—\$1,775.00

Thomas G. Abbott
Edward Dorian
James Frenkil
I. Phillips Frohman
John L. Gillespie
Frank Greenwald
Grover C. Hedrick, Jr.
Benjamin Highstein
William C. Humphries
D. Frank Kaltreider
Louis Woron Leskin
Frank V. Manieri
S. Edwin Muller
Philip Myers
Richard S. Owens
Frederick P. Pokrass
Elton Resnick
Isadore M. Robins
Ephraim Roseman
Sidney Safran
Joshua Seidel
George J. Weems
F. Dixon Whitworth

CLASS of 1938
6 GIFTS—\$1,010.00

Aaron Feder
Edward Siegel
Donald J. Silberman
Aaron Stein
Theodore E. Woodward
Michael Wulwick

CLASS of 1939
24 GIFTS—\$3,189.00

H. H. Baylus
Harry Beck
Edgar Berman
Max R. Bloom
Henry A. Briele
Elizabeth G. B. Cannon
Raymond M. Cunningham
Leo J. Gaver
Oscar Hartman
Alvin S. Hartz
Leonard L. Heimoff
Benjamin Isaacson
James P. Kerr
James A. Kiely
Bernard S. Kleiman
Herbert Lapinsky
William T. Layman
Charles Hunter Moricle
James B. Nuttall
Seigle W. Parks
Edwin R. Ruzicka
William J. Steger
John P. Urlock
Thomas L. Worsley

CLASS of 1940
6 GIFTS—\$365.00

Daniel C. Barker
Lester H. Caplan
Benjamin H. Inloes, Jr.
James R. Karns
A. Frank Thompson, Jr.
Wilfred H. Townshend, Jr.

CLASS of 1941
9 GIFTS—\$475.00

Dwight P. Cruikshank
Edward L. Frey, Jr.
Jacob B. Mandel
Jose G. Molinari
John A. Scholl
Edward P. Shannon
Raymond K. Thompson
James H. Walker

CLASS of 1942
9 GIFTS—\$895.00

Warren E. Crane
Karl A. Dillinger
J. Howard Franz
Marion Friedman
Jewett Goldsmith
Theodore Kardash
Louis O. G. Manganiello
Frank S. Marino
Mary Louise L. Scholl

CLASS of 1943M
12 GIFTS—\$1,225.00

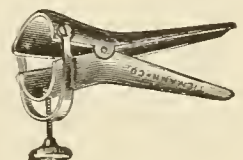
Emory F. Baker
Thomas J. Brennan
Samuel L. French
Augustus H. Frye, Jr.
William B. Hagan
Alvin H. Honigman
Paul G. Lukats
Preston H. Peterson
Earl L. Royer
Irving L. Samuels
Howard W. Stier
Frank O. Warren, Jr.

CLASS of 1943D
11 GIFTS—\$1,375.00

Robert Z. Berry
Frederick B. Brandt
Henry T. Brobst
James MacKay Brown
William N. Corpening
Henry G. Ferri
Richard M. Garrett
John Haught
C. Hal Ingram
Arthur M. Rinehart
Irving Scherlis

CLASS of 1944
19 GIFTS—\$1,575.00

John M. Bloxom, III
Frank J. Brady
Warren D. Brill
Richard J. Brown
Rowell C. Cloninger
Herbert Copeland
Wm. Carl Ebeling, III
William H. Foard
Richard C. Hayden
Philip H. Lerman
Stuart C. Levine
Donald W. Mintzer
Michael Ramundo
E. Burl Randolph
Eugene J. Riley
Morris A. Robbins
Howard L. Seabright
Lewis B. Thompson
John F. Ullsperger



CLASS of 1945
30 GIFTS — \$3,605.00

George H. Anderson
Gayle Gardner Arnold
Joseph W. Baggett
Claude F. Bailey
David F. Bell, Jr.
Benjamin Berdann
William K. Brendle
Charles L. Butler
George R. Callender
Leah R. Camp
Oscar B. Camp
John Pell Doenges
Vincent D. Fitzpatrick, Jr.
Joseph B. Ganey
Helen A. Greenleaf
Arthur T. Hall, Jr.
Daniel O. Hammond
Howard H. Haynes, Jr.
John A. Hedrick
John F. Hennessy
Leonard Kurland
Daniel Bair Lemen
Charles M. Linthicum
Henry F. Maguire
Paul R. Myers
Roy H. Ott, Jr.
James H. Shell, Jr.
Stanley R. Steinbach
John J. Tansey



CLASS of 1946
33 GIFTS — \$3,310.00

Jesse H. Arnold
Jeanne D. A. Audet
Robert J. Audet
Robert E. Bauer
Walter J. Benavent
Alfred D. Bonifant
Robert R. Brown
Louise P. Buckner
Harold V. Cano
William F. Carr
Sidney Clyman
Walter L. Crouch
Vincent O. Eareckson
Joseph S. Fischer
Paul E. Frye
Samuel D. Gaby
John R. Gamble, Jr.
James J. Gerlach
John B. Harley

Charles A. Hefner
Harry E. Hill
E. R. Jennings
Harry G. R. Knapp
Lawrence J. Knox
Leonard T. Maholick
Robert E. May
Clarence E. McWilliams, Jr.
Ellsworth H. North, Jr.
James A. Roberts
Frank A. Shallenberger, Jr.
Clinton W. Stallard, Jr.
Joseph B. Workman

CLASS of 1947
3 GIFTS — \$475.00

Bernard Leung
Joseph Shear
José G. Valderas

CLASS of 1948
5 GIFTS — \$490.00

Leonard H. Golombek
Charles H. Lithgow
Albert M. Powell, Jr.
Frank J. Theuerkauf, Jr.
Clark A. Whitehorn

CLASS of 1949
7 GIFTS — \$300.00

C. Richard Fravel
Angelina Guido
Nathaniel J. London
Edmund B. Middleton
Robert R. Rosen
Russell M. Tilley, Jr.
Robert G. Warnock

CLASS of 1950
34 GIFTS — \$3,295.00

William A. Anderson
John L. Bacon
Mary V. Barstow
Harry H. Bleecker, Jr.
Raymond Bradshaw, Jr.
Joseph B. Bronushas
Fred J. Burkley
L. Guy Chelton
Jerome J. Collier
Joseph R. Cowen
William A. Cracraft
Harold L. Daly
Miriam S. Daly
Leonard L. Deitz
Leonard Hamberry
John C. Healy
Stanley W. Henson, Jr.
S. Virginia Huffer
Maxwell Ibsen
Robert E. Miller
Hunter S. Neal

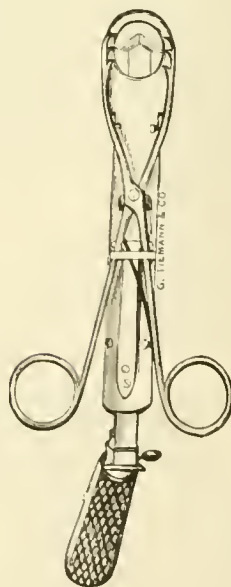
Julio T. Noguera
Evangeline M. Poling
Louis F. Reynaud
Virginia G. Reynaud
Paul F. Richardson
Milton R. Righetti
O. Ralph Roth
Frederick R. Simmons
Henry H. Startzman, Jr.
Albert L. Upton
Fowler F. White
Clifford E. Wilson
Harriet H. Wooten
William H. Yeager

CLASS of 1951
6 GIFTS — \$950.00

Russell L. Christopher
Raymond L. Clemmens
Harry L. Knipp
Charles W. McGrady
Robert S. Mosser
Donald J. Myers

CLASS of 1952
6 GIFTS — \$1,205.00

Andrew J. Devlin
Lee W. Elgin, Jr.
C. E. Graybeal
William L. Heimer
Irving Kramer
Bella F. Schimmel



CLASS of 1953
23 GIFTS—\$2,705.00

Louis C. Arp, Jr.
Grace A. Bastian
Harry L. Eye
Sylvan Frieman
George Gevas
J. P. Gillotte
Kenneth C. Henson
Charles F. Hess
Henry A. Jones, Jr.
William N. Karn, Jr.
Benjamin Lee
Rafael Longo
James E. Might
Ronald E. Mendelsohn
Norman L. Miller
J. F. Palmisano
Lewis C. Richmond, Jr.
Richard E. Schindler
Robert T. Singleton
William H. Slasman, Jr.
W. Meredith Smith
Karl H. Weaver
Israel H. Weiner

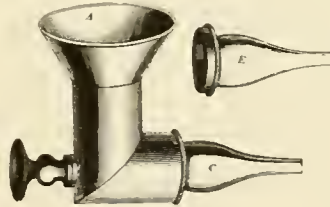
CLASS of 1954
57 GIFTS—\$6,870.00

Arthur Baitch
George M. Bauernschub
Anthony A. Bernardo
Edwin H. T. Besson
Stuart M. Brown
William F. Doran
Arthur G. Edwards
Morton J. Ellin
Robert H. Ellis
Theodore E. Evans
Charles T. Fitch
O. Norman Forrest, Jr.
Daniel H. Framm
Malcolm F. Freed
George S. Fritz
Richard L. Fruth
George R. Funkhouser
Walter D. Gable
John M. Gerwig, Jr.
John E. Gessner
Louis M. Glick
Jean-Jacques Gunning
Charles J. Hammer
John F. Hartman
Harold D. Harvey
James W. Hayes
Thomas E. Hunt
Richard A. Jones
Irvin B. Kaplan
Raymond B. Keefe
Thomas E. Keister
Edward S. Klohr, Jr.
Stanford A. Lavine
Herbert J. Levin
Hilbert M. Levine
Charles Mawhinney
John J. McGonigle
John D. Murphy
M. L. Nafzinger
Gerald F. Nangle
Riva E. Novey

Joseph J. Noya
Albert G. Packard
Albert Pats
Miguel Perez-Arzola
Morris Rainess
Bernard R. Shochet
Marshall A. Simpson
Jean C. B. Smith
J. Walter Smyth
Thomas J. Solon
Thorlief L. Stangebye
Daniel Welliver
Kenneth H. White, Jr.
Arthur V. Whittaker
William O. Wild
Robert E. Yim

CLASS of 1955
16 GIFTS—\$1,125.00

John G. Albrecht
George K. Baer
Robert M. Barnett
Donald H. Dembo
Henry A. Diederichs
Joseph C. Eshelman
George H. Friskey
Julian R. Goldberg
James L. Hughes
Walter E. James
C. Ronald Koons
William F. Krone, Jr.
Anthony A. Lewandowski
Leonard J. Morse
Alexander Spock
Herbert Yousem



CLASS of 1956
10 GIFTS—\$990.00

Richard Belgrad
Richard A. Finegold
Graud V. Foster
Albert V. Kanner
Sheldon Kress
Joseph Lanzi
William T. Lloyd
William M. Palmer
James J. Stovin
John Z. Williams

CLASS OF 1957
6 GIFTS—\$1,625.00

Virginia Y. Blacklidge
Donald L. Bucy
Charles M. Henderson
Fred H. Mehlhop
William A. Simmons
Leonard M. Zullo

CLASS OF 1958
8 GIFTS—\$725.00

Gaylord Lee Clark
Raymond Donovan
Frank P. Greene
John S. Harshey
Robert H. Johnson, Jr.
Richard H. Keller
Charles E. Silberstein
James H. Tyler

CLASS of 1959
21 GIFTS—\$4,220.00

Wolfe N. Adler
Gerson Asrael
Fred D. Brown
John W. Coursey
Salvatore J. DeMarco, III
James P. Durkan
Carlton I. Halle
Arthur R. Jasion
Arthur F. Jones
August D. King, Jr.
Richard C. Lang
Donald R. Lewis
Philip W. Mercer
Jose Oscar Morales
Nicholas A. Pace
Lawrence D. Pinkner
Arthur Poffenbarger
William E. Rhea
Howard Rubenstein
C. Edmund Rybczynski
Daniel S. Sax
George S. Trotter

CLASS of 1960
17 GIFTS—\$1,720.00

Lawrence F. Awalt
Louis M. Damiano
Straty H. Economon
Michael J. Fellner
Thomas N. Ferciot, III
Julio E. Figueroa-Lugo
Wilson A. Heefner
Herbert H. James
Ronald E. Keyser
Walter C. Lesky
Selvin Passen
Jerome Ross
Jerry Salan
Robert P. Sarni
Emanuel H. Silverstein
Morton E. Smith
Michael S. Tenner

CLASS OF 1961 7 GIFTS—\$490.00

John N. Diaconis
Bernadine C. Faw
Carlos E. Girod
Gerald A. Hofkin
Ronald L. Krome
David E. Litrenta
Richard F. Schillaci

CLASS of 1962 11 GIFTS—\$1,560.00

Louis C. Breschi
Paul Burgan
David L. Child
Jon B. Closson
Ronald L. Klimes
Alan B. Lachman
Lois H. Love
T. Kenneth Orton
Donald Pet
Phyllis K. Pullen
Ralph E. Updike

CLASS of 1963 3 GIFTS—\$325.00

Lee D. Brauer
B. Robert Giangrandi
Thomas V. Inglesby

CLASS of 1964 23 GIFTS—\$2,425.00

Rima I. Brauer
Barry M. Cohen
Miriam L. Cohen
Gustavo A. Colon
John J. Conroy
Thomas W. Debeck
Salvatore R. Donohue
Marvin N. Goldstein

Lee E. Gresser
I. Frank Hartman, II
Paul C. Hiley
Matthew L. Kaufman
Michael Kilchenstein
Mark E. Krugman
Donald T. Lewers
Daniel V. Lindenstruth
Edgar V. McGinley
Joel S. Mindel
David M. Nichols, Jr.
Richard Protzel
Charles E. Reckson
Richard G. Shugarman
Jonathan Tuerk

CLASS of 1965 12 GIFTS—\$925.00

Stanley L. Blum
William H. Choate
Larry C. Chong
Stanley Friedler
David R. Harris
Terren M. Himelfarb
John C. Hisley
Galen H. Kistler
Louis O. Olsen
Michael J. Reilly
Harry C. Stein
Harry D. Tabor

CLASS of 1966 16 GIFTS—\$1,317.00

Leslie Abramowitz
James E. Arnold
Jay Martin Barrash
Arnold S. Blaustein
Charles H. Classen, Jr.
William D. Ertag
Gary A. Fleming
I. Rivers Hanson
Joseph B. Marcus
Carl J. Orfuss
Carolyn Susel Pass
Irvin M. Sopher
Jack I. Stern

Richard M. Susel
Robert R. Young
Stuart H. Yuspa

CLASS of 1967 9 GIFTS—\$575.00

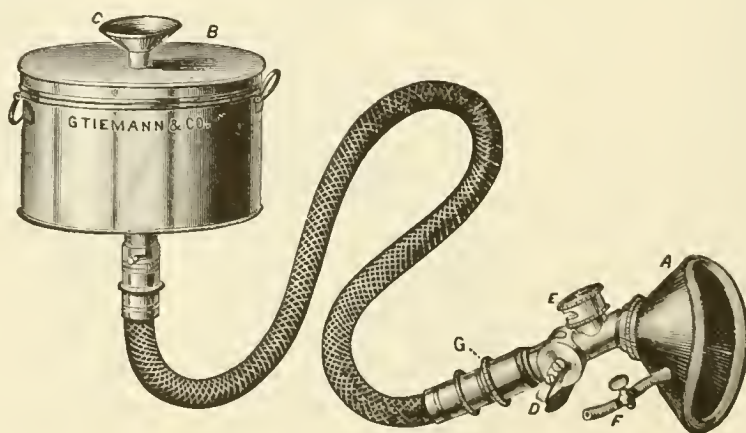
Edward R. Cohen
Gordon H. Earles
Joel H. Goffman
Eugene F. Kester
Gary M. Lattin
Stuart H. Lessans
John R. Rowell, Jr.
Marvin C. Sachs
Kenneth B. Stern

CLASS of 1968 12 GIFTS—\$390.00

Sheldon B. Bearman
Robert Brull
William G. Goldstein
Roger C. Harris
Stephen L. Hooper
George M. Knefely
Philip Littman
Steven F. Manekin
Kathryn Mikesell
Joel W. Renbaum
Burton G. Schonfeld
Howard Semins

CLASS of 1969 47 GIFTS—\$2,295.00

Mark M. Applefeld
Edward Aston
Donald M. Baldwin
James O. Ballard
Emile A. Bendit
Roberta H. Braun
George R. Brown
Stanley Brull
Donald Bryan



Howard S. Caplan
 Vaughn D. Cohan
 Paul Connors
 Jay S. Copeland
 Barry J. Crevey
 Leonard Cutler
 John Eaddy
 Joseph Esterson
 Daniel J. Freedenburg
 Barry H. Friedman
 Donna Gibbs
 Graham Gilmer, III
 Robert A. Helsel
 Daniel M. Howell
 Anne Stueglitz Jacques
 William Kaplan
 Mark Kappelman
 Reynold M. Karr, Jr.
 Ronald A. Katz
 Edward Kosnik
 Daniel J. Ladd
 Murray Margolis
 John R. McCormick
 Michael E. McCutcheon
 David McNeely
 Stephen M. Morgan
 Robert Nadol
 Wayne Parris
 Fredrick Pearson
 Robert W. Phillips
 Edward F. Quinn, III
 W. Winslow Schrank
 James A. Segal
 David Shobin
 Kathryn Skitarelic
 David Snyder
 Tracy N. Spencer, III
 Kirstin Stueber
 Paul B. Voelkel

CLASS of 1970
4 GIFTS — \$125.00

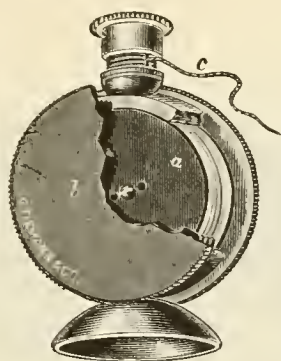
Joseph N. Friend
 Leroy J. Huffman
 Jerome Koepfel
 John H. Poehlman

CLASS of 1971
2 GIFTS — \$35.00

Larry I. Corman
 William R. Linthicum

CLASS of 1972
9 GIFTS — \$480.00

Barbara R. Adler
 Darryl Garfinkel
 Michael E. Golembieski
 Sumner H. Goodman
 Philip J. Schroeder
 Peter D. Vash
 Joseph Wm. Viola
 Brian J. Winter
 Barry M. Wolf



CLASS of 1973
28 GIFTS — \$1,145.00

Stanley J. Amernick
 Stanley Beachy
 Jeffrey C. Blum
 Martin L. Brown
 Warren W. Chamberlain
 Joseph Ciotola
 Gregory A. Denari
 Michael Dodd
 Raymond Drapkin
 William R. Gaver
 David Goldscher
 Jane Goldthorn
 Lee Goodman
 Daniel Hardesty
 Louis E. Harman, III
 David E. Herman
 Allan S. Jaffe
 Murray Kalish
 Erich Kim
 Barnett Kramer
 Stephan K. Lemon
 Denis MacDonald
 Thomas Mansfield
 Harriet Meier
 Bernard Milton
 Ronald A. Seff
 Ronald J. Taylor
 Thomas S. Templeton

CLASS of 1975
5 GIFTS — \$175.00

Robert J. Beach
 Linda R. Sessums
 James L. Smith
 James H. Somerville
 Richard L. Taylor

CLASS of 1976
1 GIFT — \$20.00

Lani Smith Majer

CLASS of 1977
8 GIFTS — \$585.00

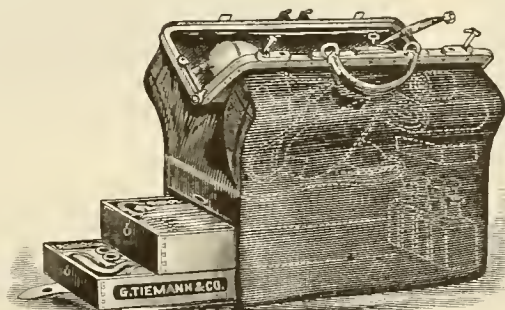
Marc S. Bresler
 Elwood A. Cobey
 Rona Beth Eisen
 Richard J. Feldman
 Beverli S. Goldberg
 Michelle Uhl
 Bennett Werner
 Katherine C. White

CLASS of 1978
6 GIFTS — \$105.00

Cynthia L. Graves
 Patricia J. Hebbard
 Michael J. Ichniowski
 Richard Lapinsky
 Robert Shayne
 Ellen Levin Taylor

ASSOCIATE MEMBERS
17 GIFTS — \$2,000.00

George N. Austin
 George Balis
 Frederick J. Balsam
 Steven J. Borsanyi
 George P. Brown
 Joseph W. Burnett
 John D. Eckholdt
 Julio H. Garcia
 W. Ray Hepner
 Frank L. Iber
 John C. Krantz, Jr.
 Yu C. Lee
 James A. Lyon, Jr.
 Peter Rasmussen
 Isadore A. Siegel
 Chawalit Suddhimondala
 W. D. Tigertt





George Herschel Yeager, M.D.

*Only a good man can be a great physician.
Sir William Osler*

His career has encompassed many fields and touched many people. He served with distinction his school, his hospital, his country, his profession and his patients. He was elected to positions of great importance and in each instance the organization was better because of his leadership. He retired three times and each time was called back. He was asked to serve as editor of the Bulletin at a time when this publication had many problems. His leadership was decisive and the Bulletin was placed on a firm political, financial and literary basis, which continues to the present.

It is appropriate then to dedicate this issue to a remarkable man, George H. Yeager, on the occasion of his 50th anniversary in medicine.



A Matter of Public Record

Arlie R. Mansberger, Jr., M.D.

During the past 50 years, George H. Yeager, M.D. has given unselfishly of his time and of his considerable energies to the University of Maryland Hospital, to the University of Maryland School of Medicine, to the City of Baltimore, the State of Maryland, to his patients, to the medical profession and to his many "medical sons."

To the University of Maryland School of Medicine, Dr. Yeager has contributed countless hours of teaching in the classroom, at the patients' bedside and in the surgical arena. Dr. Yeager's tenure as a faculty member began in 1933 with his appointment as an assistant professor of surgery. In 1949, he was promoted to professor of clinical surgery and in 1965 became an associate dean of the Medical School and director of professional and supporting services of the University of Maryland Hospital.

In the last named roles Dr. Yeager accomplished a multitude of objectives which heretofore had been but promises, projects which "couldn't be done." A phase of meaningful rapid growth and development of the University Hospital (which included raising monies for and the construction of the North Hospital Building) occurred during the "Yeager Years."

For the State of Maryland he has served in various capacities as a member of the State Board of Physical Therapy, on the State Advisory Committee for Regional Medical Programs, as a member of the Board of Directors of the Maryland Chapter of the American Cancer Society and as a director of Maryland Medical Legal Foundation. He has been chairman of the Medical Care Committee of the Maryland State Planning Commission and has served as a member of the Advisory Council to the State of Maryland's Interagency Committee for Comprehensive Health Planning.

Dr. Yeager is a past president of the Medical and Chirurgical Faculty of Maryland and for many years was editor of the Maryland State Medical Journal.

Dr. Yeager's service to the profession on a national scale is noteworthy. From 1963 through 1969, he was a member of the Conference Committee on Graduate Training in Surgery representing the Council on Medical Education of the American Medical Association. He has represented Maryland with distinction as president of the Southern Surgical Association, the Southern Surgeons Club and of the Southeastern Surgical Congress. The last named organization awarded its Distinguished Service Medal to Dr. Yeager in 1973.

For ten years Dr. George Yeager was the editor in chief of *The American Surgeon*, the official publication of the Southeastern Surgical Congress and the North Pacific Surgical Association. He was secretary and vice president of the Society for Vascular Surgery.

In 1945, he was awarded the Legion of Merit for his service in the Southwest Pacific as commanding officer of the 42nd General Hospital. Following World War II, Dr. Yeager commanded an Air Force Reserve hospital. He later was assigned to duty in the Pentagon where he was a consultant to the Surgeon General of the United States Air Force, a duty which earned him a promotion to brigadier general.

With all of these accomplishments, Dr. Yeager was always a "patient oriented" physician and surgeon. As a matter of fact, his greatest impact on students and surgical residents resided not in his didactic lectures, but rather in his preceptorial role as a capable, compassionate physician.

When he retired from active practice, he was not allowed to "step down." He became president of Union Memorial Hospital and served that institution well from 1971 to 1976 during the construction of the new Union Memorial Hospital. In 1976, the Alumni Association of the University of Maryland asked Dr. Yeager to become curator of Davidge Hall and guide the restoration of that historic building.

The aforementioned accomplishments are a matter of public record. The meaningful substance of this tribute, however, resides in an area not well known, that is the devotion of Dr. George H Yeager to his "medical sons." His support for each was thoughtfully designed to help each individual accomplish his goal.

The next few paragraphs may not represent popular or even acceptable journalism but no one else can record this aspect of Dr. Yeager's influence and impact better than I, for I am one of his "sons."

When, as an intern, I scrubbed with him for the first time, he looked over his glasses as I fumbled with a suture and said "Young man, I expected better of you, we're going to have to do something about that" and he did.

When after working as hard as I could work for two years in an attempt to gain an assistant residency appointment, I did not survive "the pyramid." Dr. Yeager felt that a year in the lab would serve me well in pursuit of a long term goal in academic surgery. As I reflect on the past, that year was to become the most meaningful one in my training period.

I was rescued again by Dr. Yeager four years later when the vote for the chief residency did not go in my favor. He urged me to spend another year of train-

ing with a guarantee that I would become the chief resident.

When following residency training and a "hitch" in the military, I returned to join the faculty at the University of Maryland. Dr. Yeager was ever present, gently prodding for "more productivity," nominating me for societies meaningful in the climb up the academic ladder, advising and helping in every way possible.

It was Dr. Yeager who asked me to "help" with The American Surgeon. It was he (I'm certain) who called the Medical College of Georgia and suggested my candidacy for the position which I now hold

Two years ago, my Alma Mater, the University of Maryland, awarded me an honorary Doctor of Science Degree. (At the time of the initial announcement, a colleague asked me why—a question which

GEORGE HERSCHEL YEAGER, B.S.

CUMBERLAND, MARYLAND

ΔΣΦ

Randolph Winslow Surgical Society
West Virginia University

ALTHOUGH spending two years of study at the University of West Virginia in the mysteries of the "healing art", Maryland boasts of graduating one of her sons with all the qualities which an altruistic medical man must have. His popularity among his class-mates has given us an eloquent testimonial of the regard we have for him. With an unassuming, quiet manner, winning personality associated with a keen mind, one would say his future is assured and only have we to wait to hear of his success. And so to quote: "George is a man, take him all in all, I shall not look upon his like again."

Terra Mariae 1929

I still cannot answer).

The reception following the award ceremony was, for me, a proud highlight, significant because Dr. Yeager attended and I could see by his countenance that he was pleased. I was one of his "sons."

My apologies for the aforementioned personal references. However, justification for this resides in the thought that this aspect of Dr. George H. Yeager's life finally should become a matter of public record.

Ed. Note: Dr. Mansberger is professor and chairman, Department of Surgery, Medical College of Georgia, Augusta.



HARRY HUGHES
GOVERNOR

STATE OF MARYLAND
EXECUTIVE DEPARTMENT
ANNAPOLIS MARYLAND 21404

September 13, 1979

George H. Yeager, M.D.
University of Maryland
School of Medicine
Baltimore, Maryland 21201

Dear Dr. Yeager:

At the request of your colleagues and friends at the University of Maryland School of Medicine, I am sending this letter of congratulations for your fifty years of service to the people of the State of Maryland and the nation in the practice of medicine.

But I want this to be more than a form letter because it is intended as both heartfelt thanks on behalf of the citizens of this State for your long dedication to quality medical care and also as my personal expression of admiration and respect.

You have, in your 74 years, fulfilled the expectations of many careers, not just one, and in doing so have reminded us of the enormous potential of mankind. Your contributions to the field of medicine, teaching and health administration have outstripped the usual definitions of success and I must rely on your own record for excellence for comparison.

I join with your colleagues and friends on this occasion in wishing you equal fulfillment and achievement in the years to come.

Sincerely,

Harry Hughes
GOVERNOR



Governor of the State of Maryland, to

GEORGE H. YEAGER, M.D.

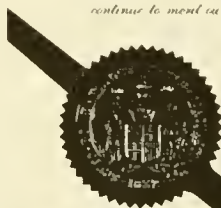
Greeting:

Having laid and confidence in your integrity, prudence and ability, you are hereby appointed and commissioned

Admiral of the Chesapeake Bay

a mark of respect gratefully conveyed to those with a loyal interest in the Maritime State and its beautiful Bay which harbors the ships of the world

This certificate is awarded with our official confidence that you will continue to merit our esteem and favor



In Testimony Whereof, We have caused these our letters to be signed

Witness:

Harry Hughes

At the City of Annapolis, this 11th day of September, 1979.

Attest:

Secretary of State



Dr. Yeager receiving congratulations from Theodore Woodward '38 on the occasion of his retirement as director of University of Maryland Hospital

It is indeed a privilege and a pleasure for the University of Maryland Hospital to use this column to honor Dr. George H. Yeager on the occasion of the 50th anniversary of his graduation from the University of Maryland School of Medicine. Dr. Yeager, well known as a surgeon and professor of clinical surgery, also will be remembered for his service as director of the University of Maryland Hospital from 1963 to 1971. Upon retirement from this position, Dr. Yeager subsequently served as president of the Union Memorial Hospital for five years.

During the time Dr. Yeager served as director of the hospital, the University of Maryland Hospital doubled, with new construction, the size of its hospital facilities. Dr. Yeager played an influential role in the planning, development and completion of this major building program, the results of which currently provide the base for all hospital ambulatory care programs as well as many inpatient areas and operating room suites.

In addition to his clinical practice and years of medical administration in Baltimore, Dr. Yeager has served with distinction as a brigadier general, USAF (retired), a surgical

consultant to the Surgeon General, USAF, and was awarded the Legion of Merit in 1945. He also served as commanding officer of the 42nd General Hospital which represented the University of Maryland during the Second World War.

Dr. Yeager has also served in civic and professional capacities too numerous to mention, serving the health education, planning and service components on local, regional and national levels. In his retirement Dr. Yeager continues to be an active and dedicated participant in our current activities, serving as a member of the board of directors of the John L. Deaton Health Center and as chairman of the Davidge Hall Restoration Committee.

We are privileged to be considered friends of George Yeager. We are privileged to follow in his foot steps in the management of the University of Maryland Hospital. We are pleased to have this opportunity to recognize Dr. Yeager for his leadership and for his many contributions to the University of Maryland, its school of medicine, and its hospital.

G. Bruce McFadden
Director



UNIVERSITY OF MARYLAND H.
UNIVERSITY OF MARYLAND
22 SOUTH GREENE ST
BALTIMORE, MARYLAND 21201

September 20, 1979

George H. Yeager, M.D.
University of Maryland
School of Medicine
Baltimore, Maryland 21201

Dear Doctor Yeager:

Congratulations on your fiftieth anniversary.
Your many contributions and service to the
Medical Staff of the University of Maryland
Hospital are noteworthy and lasting.

On the behalf of the Medical Staff, I extend
my very best wishes.

Sincerely yours,

Edward J. Kowalewski
Edward J. Kowalewski, M.D.
President
Medical Board

EJK/fls

UNIVERSITY OF MARYLAND
ADELPHI, MD 20783

September 14, 1979

OFFICE OF THE PRESIDENT

George H. Yeager, M.D.
School of Medicine
University of Maryland at
Baltimore
Baltimore, MD 21201

Dear Dr. Yeager

It is an honor and a pleasure to acknowledge the fiftieth
year of your graduation from the University of Maryland School
of Medicine. I speak on behalf of the Central Administration in
congratulating you on this golden anniversary of a distinguished
career.

Your colleagues have told me of the many contributions
which you have made and continue to make to the advancement of
the School of Medicine. In particular, your assistance with the
renovation of Davidge Hall shows your love for the Medical School
and your willingness to work for its good.

To have been a leader in one's profession is indeed a re-
warding experience in many ways. Your leadership of the Univer-
sity of Maryland Hospital, the Union Memorial Hospital, the
Southern Surgical Association, the Southeastern Surgical Confer-
ence, the Medical and Chirurgical Faculty of Maryland, and your
activities in numerous other professional and civic groups attest
to your energy and devotion to medicine. For your associates in
the University, your career has been an inspiration to exemplary
public service.

I hope that you will enjoy many years of good health and
happiness in the future.

Sincerely,

John S. Toll
John S. Toll
President

THE JOHNS HOPKINS
SCHOOL OF MEDICINE

SECTION OF SURGICAL SCIENCES
GEORGE D. ZILDEMAN, M.D.
The Warfield M. Ewart
Professor and Director and
Surgeon-in-Chief

Sept

George H. Yeager, M.D.
Department of Surgery
University of Maryland
School of Medicine
22 South Greene Street
Baltimore, Maryland 21201

Dear George:

It is a great pleasure and
friends in saluting you on this

Your professional career
has been marked by a great many
several areas of endeavor. Your
community have benefited espe-
cially from your generosity, but we also
your generosity, but we also
you have played in national
in our armed forces. Your
qualities, and your persona
us all.

Please accept my best



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DEPARTMENT OF SURGERY

September 19,

George H. Yeager
324 Kyle Road
Crownsville, Md

Dear George:

Joe McLaughlin
Winter Bulletin
Medicine to you.
As President of
attest to the tre-
important organi-
Member of the Cou-
influence on the
be so. Speaking
The Southern, we
honor which is ric

Sincerely,

Dean
W. Dean Warren, M.D.
Whitehead Professor
Department of Surgery

WDW:ec

SITY

Please address reply to
Box 358
THE JOHNS HOPKINS HOSPITAL
BALTIMORE MARYLAND 21203
Tel. (410) 955-6000

0, 1979

lege to join your many
tant occasion.

now spans 50 years, has
tant contributions in
eons of the Baltimore
from your wisdom and
the larger role which
in our community, and
onal work, your human
have served as examples to

and hearty congratulations.
rs sincerely,

orge D. Zuidema, M.D.
e Warfield M. Firor
professor and Director
ection of Surgical Science

IVERSITY SCHOOL OF MEDICINE
MORY UNIVERSITY HOSPITAL
d, N E
Atlanta Georgia 30322

1032

ed be that they are dedicating the
iversity of Maryland School of
a great honor and one most fitting.
ra Surgical Association, I can
fluence you have had on that
ring served as Secretary, President,
Chairman of the Council. Your
as been enormous and continues to
and your host of friends in
heartiest congratulations on an
ved.

2ao

DR. JOHN DANIEL MARTIN JR
230 ROBIN HOOD ROAD, N. E.
ATLANTA, GEORGIA 30306

Dear George,

September 19, 1979

Congratulations on your fiftieth anniversary since graduation.
Membership in this select group is a most happy achievement.
Fortunately for the University of Maryland that you chose to
remain at your Alma Mater and to make such an outstanding
contribution in its behalf.

Your interests have been well balanced, both in great depth
and breadth. These include sound clinical teaching, practical
research, and wise administration.

The medical profession in all of its organized aspects has
been the recipient of your keen interest and attention. The
dedication to ethical and compassionate concern has enriched
the purposes of this noble profession.

Your quiet and unselfish manner has been the hallmark of
approach to difficult issues. This has endeared you to
those who were appreciative of the great successes which you
accomplished.

However, your firmness and determination is well understood
by those who perhaps might desire to pursue an unsound direc-
tion.

Your hosts of friends including patients, students, colleagues,
and others attest to your loyalty and concern. It is a great
honor and pleasure to be included in this group.

In appreciation of your great talents and participation in all
things good, it is appropriate that you be honored and recog-
nized for your great contributions which you have made. The
example which you have set will be the pattern of excellence
for others to achieve.

It is most fortuitous that you are continuing to make a con-
tribution to society and we await with keen interest to learn
the details of your most recent challenge.

Eloise joins with me in wishing you and Dorothy our very best
for good health and happiness.

With warmest personal regards,

Most sincerely,

J. D. Martin Jr.

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
BOLLING AFB DC 20332



12 SEP 1979

Brig Gen George H. Yeager, USAF (Ret)
University of Maryland School of
Medicine
Baltimore, Maryland 21201

Dear General Yeager

On behalf of the Air Force Medical Service, I extend best
wishes on your 50th Anniversary as a graduate of the School
of Medicine. These have indeed been golden years. Your
service to your country as a military officer and an esteemed
member of the medical profession has been exemplary. It
is a pleasure to join with your friends and colleagues in
paying tribute to you on this auspicious occasion.

I salute you.

Sincerely

Paul W. Myers
PAUL W. MYERS
Lt General, USAF, MC
Surgeon General

Library Services Go Beyond Books

Wesley M. Taoka, M.S.

Do you need information relating to an interesting case or more information about a particular drug? Do you need an address of a colleague or information about a particular meeting or conference? Do you need to know the American Medical Association's position on a key health issue? The Health Sciences Library of the University of Maryland can help you in all of these situations.

The Health Sciences Library was founded around a collection purchased from the estate of Dr. John Crawford in 1813 and has the distinction of being the oldest separate medical school library in continuous existence in the United States. The library ranks among the top fifteen of all health sciences libraries in the United States. With a collection of over 200,000 volumes and over 3,000 periodical subscriptions, the library is open 85 hours a week serving students, faculty, and staff of the five professional schools, the graduate school, the University Hospital, and affiliated institutions. Members of the Medical Alumni Association, with an active membership card, are entitled to full library privileges and services.

The library will provide general reference service to alumni. If you need information, call 528-7996. If you need an address, telephone number, or verification of a reference, the reference staff will be happy to help. If you are about to make a speech, write a proposal, or need some facts, the library can help you. There are over 2,000 reference books, thesauri, directories, handbooks, and indexes to help in fact-finding. The staff can call other libraries, information centers, agencies, or organizations to get the information you need. All the traditional services a library provides are at your disposal.

Although most of the material you may need should be in the Health Sciences Library, occasionally a particular book or journal is not available. If this is the case, the material can be obtained through interlibrary loan. The interlibrary loan network gives the user access to collections over the entire United States and in many parts of the world. Within a few weeks after the item is identified, the book or journal article is sent to the library. More information concerning interlibrary loan can be obtained by calling 528-7637.

Another service provided is search of computerized bibliographic files to produce subject-specific bibliographies. For a nominal fee the CRABS (Computerized Reference And Bibliographic Services) office, 528-7373, will search the files on any topic.

Over 100 different data bases are available, covering all aspects of the biomedical sciences, and other subjects, including psychology, chemistry, biology, business, sociology, and education. Although you may think this service is strictly for researchers, it is not. The MEDLINE data base and related ones in cancer, toxicology, and health care deal directly with patient care. With the use of this service, current information from the world's literature is available to you.

The Health Sciences Library *Bulletin* is a monthly publication listing books and journals which have been added to the collection. The books are arranged by subject to facilitate browsing. In addition any news items concerning the library are announced. You may have the *Bulletin* sent to the library of your choice, such as your hospital library or public library. If you would like to do so, please fill in the form at the end of this article.

Members of the Medical Alumni Association have direct borrowing privileges at the Health Sciences Library. Books circulate for three weeks. You need only to come to the library, show you alumni membership card, and fill out a form to receive a library card. For more information concerning direct borrowing privileges, please call 528-7928.

The library is embarking on a new system to allow access to its holdings in a more efficient manner. Just as many of the functions in today's society are being automated, so have many library tasks been converted. Already available are computerized circulation systems, on-line bibliographic files such as MEDLINE, and cooperative cataloging systems. The Health Sciences Library will be developing a system that will integrate all the various functions of the library into a central file. This integrated library system will allow access through many more points. The card catalog will eventually be replaced by rows of computer terminals. Once an item is found in the file, the user will be able to tell whether it is checked out, when it is due and many other variables without having to go to the shelf to check or to ask someone at the circulation desk. With this new system the processing time will be shortened and material returned

to the shelf faster. The Health Sciences Library is one of the first to develop this type of system.

Another new service being developed is the modified clinical librarianship program. When more information is needed by the hospital staff concerning a particular patient, the information specialist for the school of medicine provides on-line literature searches on demand, selecting the appropriate articles and sending a photocopy to the requestor. This new service relays information to the house staff quickly with a minimum of effort on the part of the physician.

The Health Sciences Library is grateful for all donations that have come from the medical alumni. These donations have helped build a fine collection over the years. A recent example is the generous donation of Dr. John Edward Savage '32, a former assistant professor of obstetrics. His collection, with books dating back to the 17th Century adds greatly to the library.

By adapting to the ever changing needs and by keeping current with changes in the field, as well as changes in the curriculum and research programs at the University, the Health Sciences Library is better able to serve you

If you wish to obtain a brochure about the library or the CRABS office, or wish to have the *Bulletin* sent to a library, please check the appropriate box(es), fill out the form below, and send to:

Health Sciences Library
University of Maryland
111 S. Greene Street
Baltimore, MD 21201

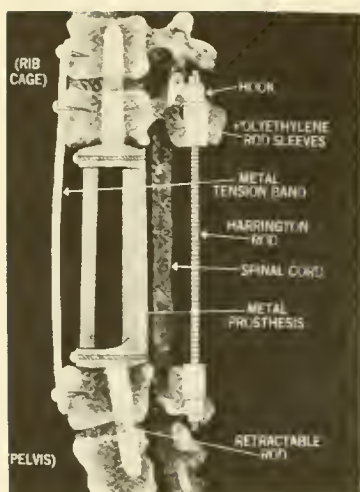
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- ☐ *Bulletin*

Name (and/or library)_____

Address_____

City_____State_____Zip_____



Medical World News

Another Surgical First for Maryland

The first total lumbar spine prosthetic replacement was performed at University of Maryland Hospital on August 31 by Dr. Charles C. Edwards '68, chief of orthopedic surgery. The patient had been admitted previously in May of this year with back pain and paralysis of the lower extremities. A large, soft-tissue mass, previously not detected by X-ray, was demonstrated by computerized axial tomography. The tumor extended from T-12 to L-4 and ballooned anteriorly into the paraspinus muscles.

Half of T-12 through L-4, the paraspinus muscles and the tumor were surgically removed on July 17. The tumor, which proved to be malignant, had damaged the spinal cord and was also attached to the dura, the aorta and the anterior vena cava. The spinal cord was dissected out of the spinal column leaving the cord intact.

This removal of the tumor with the lumbar spine and the spinal muscles, a mass approximately 15 cm. long and about the same size in diameter, took 15 hours of surgery in which Dr. Edwards was assisted by Dr. Mukund Dibolkar and Dr. James Murphy.

A prosthesis and instrument for its insertion was designed by Dr. Edwards and crafted by the Zimmer Surgical Instrument Company of Indiana. Modifications of the instrument were made by Gus Ay of the Department of Physiology. The anterior part of the prosthesis was made of chrome, cobalt and molybdenum and is approximately six inches

long. The posterior stabilizing apparatus was of stainless steel and polyurethane.

The operation to implant the prosthesis took longer than had been estimated because, in the five weeks that had ensued since the removal of the tumor, a remarkable amount of healing had occurred. Without intervening structures, the kidneys had rotated and become fused. Therefore much dissection was required to prepare the field for insertion of the prosthesis.

The anterior portion of the device was attached to adjacent vertebrae. Internal rods expanded into vertebral bodies and were cemented to achieve fixation. The remainder of the system used hooks, rods and polyurethane stabilization sleeves. The prosthesis had a hollow space to accommodate a large amount of bone graft from the right ilium to hopefully fuse the spine to achieve permanent stability. The total device is designed to allow the spine to withstand compression loads, rotation forces and bending moments without early loosening.

This complex procedure took 16 hours during which Dr. Murphy and Dr. James Gamble assisted Dr. Edwards. Prognosis immediately post surgery was guarded but, within a few days, the patient, a 33-year old woman, had improved. Now, a month since this historic surgery, her medical condition is stable and she is able to sit comfortably in bed. The surgeons are now working to achieve complete coverage of the more than three foot long surgical wound. If they succeed, the patient will be able to return home, free of her previous "unresectable" malignancy and able to mobilize herself in a wheelchair.



Dr. Edwards demonstrating prosthesis at press conference

Photo by Phil Szczepanski



PROGRAM OF CONTINUING EDUCATION

Advances in research on the embryo and young fetus have been so rapid that clinicians are unable to cope with the accumulating body of knowledge. This has made it difficult for specialists managing pregnant patients to understand the application of modern advances in this field to their routine patient care.

Designed to present clinicians with an up-to-date review of some important principals of early human development *in utero*, a postgraduate course, "Problems in Embryonic and Early Fetal Development," was presented by the Department of Obstetrics and Gynecology and the Office of Continuing Education of the University of Maryland School of Medicine.

In addition to the University of Maryland faculty, guest speakers were Dr. Gabriel S. Khodr of the University of Texas at San Antonio, Dr. Bisharah L. Libbus of Johns Hopkins University School of Hygiene, Dr. Maurice J. Mahoney of Yale University, Dr. Joe Leigh Simpson of Northwestern University and Dr. David L. Valle of Johns Hopkins University.

Dr. Abram Fajer opened the meeting with a summary of the developmental stages involving germ cells, their origin, migration to the gonads and transformation into cells ready for fertilization while Dr. Cornelia Channing elaborately described the development of ovarian follicles, ovulation and follicular atresia. Dr. Libbus continued with a review of newer methods for studying spermatogenesis and the future of male contraceptives. Dr. Isadore G. Ances reviewed the process of fertilization and implantation of the zygote.

Development of the placenta and the problems produced by abnormal placentation opened the second session with Dr. Khodr discussing the pathology and causes of fetal wastage and Dr. Simpson covering the problems related to sexual differentiation of the human fetus. In management of difficult pregnancies, the speakers emphasized the importance of utilizing knowledge obtained from the study of embryos and early fetuses.

The third session, devoted to a discussion of teratogenic causes of fetal anomalies, was presented by Doctors Juan Granados, George

Harrison and Ronald Gutberlet who respectively discussed drugs, radiation and infections. Methods of investigating the fetus *in utero* also occupied a major portion of this session; Dr. Mahoney described ultrasound, amniocentesis, fetoscopy and fetal blood sampling, and Dr. Valle the current status of biochemical screening and prenatal detection of metabolic disorders in the fetus. In closing, an overview of genetic counseling and its role in the prevention of birth defects was presented by Dr. Bernice Sigman.

The participants were particularly enthusiastic about this course since it was presented at a level appropriate to the audience and their medical practices which included obstetrics, gynecology, pediatrics and family medicine. Handouts and audiovisual aids were helpful in allowing the participants to follow the speakers without difficulty.

Bassam Y. Barakat, M.D.

SYMPOSIUM ON GYNECOLOGIC ONCOLOGY DECEMBER 7 & 8, 1979

THE INTERNATIONAL HOTEL
Baltimore, Maryland

Sponsored by the
Gynecology Oncology Program
Department of Obstetrics and Gynecology
and the
Department of Radiotherapy
and the
Program of Continuing Education
University of Maryland School of Medicine

This symposium on gynecologic oncology is designed to help gynecologists, radiation therapists, oncologists and primary care physicians become aware of some of the new developments in the diagnosis and treatment of pre-malignant and malignant lesions of the female genital system

For further information contact
The Program of Continuing Education
University of Maryland - School of Medicine
10 South Pine Street, Baltimore, MD 21201
(301) 528-3956

Harry C. Hull, M.D.

Professor of Surgery Retires

Despite official retirement, Harry C. Hull conducts weekly seminars at the University of Maryland Hospital emphasizing, as he has throughout his long teaching career, the "threes" of surgical and medical diagnosis and therapy. Dr. Hull, professor of surgery, recently observed his 70th birthday and 50th year of association with the University of Maryland School of Medicine and Hospital.

His retirement was marked with a ceremony at a recent meeting of the University of Maryland Surgical Society and the Medical Alumni Association when Dr. Hull was presented a University of Maryland chair as well as historic works by two of his household gods, Rudyard Kipling and Lord Berkeley Moynihan.

The son of an attorney, Dr. Hull was born in Frederick, Maryland on May 28, 1909. Aided by a swimming scholarship, he attended Franklin and Marshall College in Lancaster, Pennsylvania and entered University of Maryland School of Medicine in 1928. Upon completion of his surgical training at University of Maryland Hospital, under the direction of Dr. Arthur M. Shipley, Dr. Hull joined the faculty rising to the rank of professor by 1950.

As a colonel during World War II, Dr. Hull was assigned to the University of Maryland affiliate 142nd General Hospital and was chief of surgical services in the Fiji Islands and Calcutta, India. Prior to discharge in 1946, Dr. Hull was chief of the wound ballistic team in Bougainville, the Solomons and Noumea.

Although there are many "war stories" which are fascinating in the recounting, none is more characteristic than his successful colon resection on the Prime Minister of Jordan. Performed with the overriding concern for Arab justice (an eye for an eye) his eminently successful operation earned for him the Star of Jordan, First Class.

Dr. Hull has made numerous contributions to surgical literature, becoming involved in many areas of current concern and interest such as vascular surgery and approaches to intravenous hyperalimentation, hernia repair and wound disruption long before the current enthusiasms of the surgical community became apparent.

The *Bulletin* wishes Dr. Hull well on his "retirement."



H. Hull

Photo by Fabian Bachrach

Steinberg Endowment Honors Former Dean

An endowed annual lectureship in biochemistry has been established at the University of Maryland School of Medicine by Dr. Samuel Steinberg '36 as a memorial to H. Boyd Wylie, M.D., 1887-1963, who devoted his career to medical education at the University of Maryland, serving as professor and chairman of the Department of Biochemistry and as dean of the School of Medicine.

Dr. Steinberg, a Philadelphia family physician, has established the Drs. Samuel Steinberg and H. Boyd Wylie Lectureship to support distinguished individuals invited to lecture by the Department of Biochemistry on future directions in the field.

Dean Wylie, a native Baltimorean, graduated in 1912 from the Baltimore Medical College and spent the next forty years at the School of Medicine. As a result of his efforts, a committee on admissions for the selection of medical students was appointed. Among his contributed articles to medical journals were blood sugar findings in eclampsia and chemical methods for the diagnosis of pregnancy. His work earned him recognition in *Who's Who in America*, membership in Alpha Omega Alpha and a Wiley Day medical library tribute.

Dr. Steinberg, who worked his way through college and medical school, credits Dr. Wylie with encouraging and persuading him to remain in medical school when financial difficulties threatened to cause him to withdraw.



PRESIDENT'S MESSAGE

Virginia Huffer, M.D.

Dear Dr. Yeager,

Both personally and in my role as president of the Medical Alumni Association, I am happy to congratulate you, one of our most outstanding alumni. During the 50 years since your graduation you have been a leader in many professional arenas; throughout, you have been a strong and valued supporter of the Medical Alumni activities.

It is your more recent endeavors for the Alumni Association for which I wish to express special appreciation. As editor of the University of Maryland Alumni *Bulletin* from 1973 to 1978, you were almost entirely responsible for its publication. During those years, the *Bulletin* increased in stature both with respect to its content and appearance. We know the many hours that you devoted to this important endeavor and we want to say, "Many thanks."

More recently you assumed the role of chairman of the Davidge Hall Restoration Committee. Through your monumental efforts you have been able to raise a significant sum of money from alumni, as well as from the private and public sectors to cover the restoration expenses. Your interest and devotion to the development of this most important heritage for the graduates of the University of Maryland School of Medicine is truly inspirational. The pleasure that you have shown in uncovering the many secrets hidden behind the walls of Davidge Hall has revealed your dedication to the project. Your delight in showing the beams, the chemical kilns, the hidden rooms for early dissection, and the collection of the memorabilia has been inspiring to all of us who have had the opportunity to share your interest.

I am sure that 50 years ago, while sitting in Davidge Hall as a student, it never occurred to you that you would be heading the restoration project for a building that has now been designated as a part of the National Historic Trust. All of the alumni of the University of Maryland School of Medicine are proud to witness the development of Davidge Hall as a museum. We are indeed greatly indebted to you for all of your many efforts on behalf of the School and wish to express our most sincere thanks.

Virginia Huffer, M.D.
President
University of Maryland
Medical Alumni Association, Inc.

RESTORATION UPDATE

Faraday's Influence

John C. Krantz, Jr., Ph.D.

Ed. Note: At a time when the major structural work is completed in Davidge Hall and the actual furnishing takes place, a Michael Faraday exhibit is scheduled for Chemical Hall. Much planning and work has already been done to reproduce the setting of Faraday's laboratory at the Royal Institution in London where he worked for 54 years.

Michael Faraday was born in London, England in 1791. He was the son of a blacksmith and during this period in England the trade or skill of one's father was followed and school training completely neglected. Home schooling for the boy was never considered but he was put to work as a bookbinder's apprentice. For a year he was an errand boy and owing to his diligence and devotion to duty, he was signed for seven years to the bookbinder's trade.

This was fortunate for the fertile mind of young Faraday. The youth became more interested in the wisdom contained on the pages of the books than the binding process. His employer, Riebau, showing sympathy for the young boy's quest for knowledge, gave the lad some tickets to hear the distinguished scientist Sir Humphrey Davy lecture. Faraday took down nearly every word and made great effort to comprehend the significance of the experiments discussed. He abandoned his work in bookbinding and attached himself to

Davy. Later he became his apprentice, assisting him in his many lectures in England and also in France. As Davy relinquished some of his work, Faraday followed some of his leads and began experimenting in the field of electricity. His adventure into electricity was going to change the history of mankind. He rotated a coiled wire around a magnet and generated electricity. This was the first dynamo. It is alleged that Davy stated, "My greatest discovery was my laboratory boy, young Faraday."

Next, the fertile mind of Faraday discovered that a gas, when chilled and compressed, would become a liquid. He prepared liquid chlorine.

The value of his work was generally recognized and he was made the director of the laboratory of the Royal Institution. His next epoch-making experiment was to compete with the discovery of electricity for its influence of life on this planet.

Faraday subjected oil to destructive distillation and obtained a light, limpid, flammable liquid. This was crude gasoline.

In the years when these brilliant discoveries were in their incipency, Davidge Hall was being built. It therefore appears that Chemical Hall in the Davidge Building resembles Faraday's Hall in the Royal Institution in London not just by caprice but by design in order to emulate it and bask in its tradition.



Dr. Yeager presents Senator Rosalie Silber Abrams a plaque in recognition of her continuing support for the restoration of Davidge Hall

Preliminary Reunion Schedule

Tuesday, May 27, 1980

6:00-10:00 p.m. Registration
 Complimentary Alumni Cocktail Reception
 (Location to be announced)

Wednesday, May 28, 1980

8:30 a.m. Registration
 Complimentary Continental Breakfast
 (Location to be announced)

9:30 a.m. Welcoming Remarks
 Presentation of 25-year Certificates
 Annual Business Meeting

11:00 a.m. Tour of the School of Medicine

11:45-1:15 p.m. Complimentary Buffet Luncheon
 (Location to be announced)

1:30 p.m. Departmental Scientific Sessions

7:00 p.m. Annual Medical Alumni Reception
 Hunt Valley Inn

8:00 p.m. Dinner
 Presentation of Honor Award and Gold Key
 Dancing and Open Bar

Thursday, May 29, 1980

10:00 a.m. Pre-Commencement Exercises

3:00 p.m. Commencement Exercises
 Civic Center

Plans are underway for the 1980 reunion activities. If you graduated in a year ending with zero or five, your class will sponsor special activities to mark the occasion. Class captains have been recruited and will likely contact each class member before the end of this year. If you have not received information about your class reunion, we suggest you contact your class captain.

Five Year Reunion Class Captains

1930 Marius P. Johnson, M.D.
 16 Over Ridge Court
 Baltimore, Maryland 21210

1935 Harry M. Robinson, Jr., M.D.
 3506 N. Calvert Street
 Baltimore, Maryland 21218

1940 Edmund Beacham, M.D.
 710 Thornwood Court
 Baltimore, Maryland 21204

1945 Vincent deP Fitzpatrick, Jr., M.D.
 316 Broxton Road
 Baltimore, Maryland 21204

1950 Henry H. Startzman, Jr., M.D.
 1211 Doves Cove Road
 Baltimore, Maryland 21204

1955 Murray Kappelman, M.D.
 Room 334 Medical School Teaching
 Facility
 University of Maryland School of
 Medicine
 Baltimore, Maryland 21201

1960 Jerome Ross, M.D.
 121 Swanhill Court
 Baltimore, Maryland 21208

1965 Larry A. Snyder, M.D.
 8203 Brattle Road
 Baltimore, Maryland 21208

1970 Gary A. Belaga, M.D.
 3001 S. Hanover Street
 Baltimore, Maryland 21230

1920's



Dr. Trubek (r) receives 50-year certificate at Alumni Reunion, 1976

Max Trubek '26 and **Emanuel Applebaum**, both professors of medicine, were honored by New York University Medical Center for their combined 104 years of continuing active medical practice. Dr. Trubek began his internship at Bellevue Hospital where he is now consulting physician as well as attending physician at University Hospital. He was president of the Society of Bellevue Hospital Alumni in 1974.

When asked about his plans to retire, Dr. Trubek replied "I have no such plan, even after death, because my idea of heaven is a big, clean ward, filled with patients in need of care."

Jacob H. Conn '29 was named the first Perpetual Fellow of the Society for Clinical and Experimental Hypnosis. Dr. Conn is assistant professor emeritus at the Johns Hopkins University School of Medicine.

His many awards, presented by the American Society for Clinical and Experimental Hypnosis, include the first Milton H. Erickson Award, the Raginsky Award, the first Gold Medal for scientific achievement and outstanding contributions, the S.C.E.H. Presidential Award and several awards for best scientific papers. He was president of the Society for Clinical and Experimental Hypnosis, the American Board of Medical Hypnosis and the Maryland Association of Private Practicing Psychiatrists. The author of 110 scientific papers, Dr. Conn is scientific consultant to the Morton Prince Center for Hypnotherapy and an honorary member of the American Society of Psychosomatic Den-

tistry and Medicine. He is a life fellow of the American Psychiatric Association and was the first practicing psychiatrist in Maryland to be certified by the American Boards of Psychiatry and Neurology (1935), Child Psychiatry (1939) and Medical Hypnosis (1959). Dr. Conn has been in private practice since 1933.

1930's

Recently, in his hometown paper, **Ralph B. Garrison '33** was honored on the occasion of the 45th year of general practice in Hamlet, Richmond County, North Carolina. Dr. Garrison at one time served as president of the North Carolina Academy of General Practice, Richmond County Medical Society and the Fifth District Medical Association. He was chief of staff at Richmond Memorial Hospital and assistant chief of staff at Hamlet Hospital as well as a member of the executive council of the State Medical Society. An avid supporter of civic projects, Dr. Garrison has also been active in the business life of Hamlet.

Edward Siegel '38 is executive vice-president of the Medical Society of the State of New York. He also has served the society as president, councilor, delegate to the AMA and chairman of the Constitution and Bylaws Committee. An ophthalmologist and a fellow of the International College of Surgeons, he was for seven years chief of staff at the Champlain Valley Physicians Hospital Medical Center in Plattsburgh. Dr. Siegel holds the rank of colonel in the United States Army Reserve Medical Corps and was president of the Clinton County Medical Society.

Donald J. Silberman '38, of Birmingham, was promoted to clinical professor of pediatrics and clinical associate professor of psychiatry at the University of Alabama School of Medicine. He is representative to the assembly of district branches of the American Psychiatric Association as well as the Interspecialty Council of the Alabama Medical Association. He is president elect, Alabama Association of Neurology and Psychiatry and secretary/member of the executive committee of the Jefferson-Blount-St. Clair Tri-county Mental Health/Mental Retardation Authority.



First Lady and Dr. Guyther at White House reception honoring him as Family Doctor of the Year

1940's

Eli M. Brown '43, professor and chairman of the Department of Anesthesiology at Wayne State University School of Medicine, Detroit, is president-elect of the American Society of Anesthesiologists. He is also chairman of the Department of Anesthesiology, Sinai Hospital of Detroit.

J. Roy Guyther '43, of Mechanicsville, Maryland, was named "Family Doctor of the Year" and was honored at a White House ceremony. First Lady Rosalynn Carter presided at a reception attended by Dr. Guyther's entire family.

He is associate professor of family medicine and was part-time associate director of the department. Dr. Guyther is a member of the American Academy of Family Physicians and a former president of the Maryland chapter. He has been vice president of the Medical and Surgical Faculty of Maryland, headed the State Board of Medical Examiners, edited *Clinical Medicine* and written for the *Journal* of the American Medical Association and other journals. He is active in various civic and fraternal organizations.

R. Adams Cowley '44, director of the Maryland Institute for Emergency Medical Services (MIEMS), was named 1979 Distinguished Alumnus by the University of Utah. Dr. Cowley is a 1939 graduate of the university. Dr. Cowley was selected as a recipient of the award for pioneering in the treatment of shock and trauma, the development of emergency medical service systems and his work in thoracic surgery and hyperbaric oxygen therapy.

Robert E. Wise '43, chief executive officer of the Lahey Clinic, Boston, was awarded the American College of Radiology's Gold Medal. Dr. Wise has been a member of the organization since 1949, serving as chairman of its Board of Chancellors from 1973 to 1975 and its president from 1975 to 1976.

Gayle G. Arnold '45, of Richmond, is secretary-treasurer and a member of the board of directors of the American Academy for Cerebral Palsy and Developmental Medicine. She is associate clinical professor of pediatrics at the Medical College of Virginia and medical director of the Richmond Cerebral Palsy Center.

Nathan Schnaper '49, professor in the Department of Psychiatry, is consultant to the Mental Health Care and Service Finance Branch at the National Institute of Mental Health.

1950's

George H. Greenstein '50 is assistant professor of orthopedic surgery at the Johns Hopkins University School of Medicine.

Timothy D. Baker '52 was in Saudi Arabia with the Department of International Health. He is professor of international health and former assistant dean at the Johns Hopkins University School of Hygiene and Public Health.



W. Kiser

The Alumni Association of Case Reserve's School of Management presented its first annual Management Performance Award to the Lahey Clinic management team, headed by **William S. Kiser '53**, chairman of the Board of Governors. The award is presented to a Cleveland area organization which has displayed outstanding management ability.

George R. Funkhouser '54 became a fellow of the American College of Radiology. He is affiliated with Geisinger Medical Center in Danville, Illinois.

Louis E. Kimmel, Jr. '55, of Valparaiso, Indiana, is assistant plant medical director at Bethlehem Steel's Burns Harbor plant.

Leonard J. Morse '55, of Worcester, Massachusetts, was this year's recipient of the Wisteria Award presented annually by the *Worcester Medical News* in recognition of outstanding service to the publication. Dr. Morse is out-going president of the Worcester District Medical Society and a past editor-in-chief of the *News*.

George J. Burke '58, of Baltimore, became a fellow of the American College of Radiology. Dr. Burke is affiliated with South Baltimore General and Johns Hopkins Hospitals.

Richard H. Keller '58, of Salt Lake City, Utah, has been named a fellow of the American College of Radiology. He is affiliated with Cottonwood Hospital, Murray.

1960's

John J. Bennett '60 is in a partnership practice in New Bern, North Carolina. A former resident of Pennsylvania, Dr. Bennett was president of the staff at Harrisburg Hospital and instructor in the Department of Family Medicine as well as a member of the board of the Dauphin County Medical Society.

Herman Padilla '63, a lieutenant colonel in the Puerto Rican Army, is mayor of San Juan and is assistant state surgeon for the Puerto Rican Army Guard.

Susan Howard Mather '65 became a diplomate of the American Board of Preventive Medicine. She received her Master of Public Health degree from Johns Hopkins University in 1978 and is employed by the Veterans Administration in the District of Columbia.



S. Butchart

Sandra L. Butchart '67 has been appointed chief of pathology at Maryland General Hospital, Baltimore. A native of Baltimore, she virtually grew up at Maryland General, starting as a high school student volunteer in histology and continuing through a wide variety of positions including blood bank technician, chemistry technician and member of the fluid team. Her appointment marks the first time a woman has been named chief of service in the hospital's 98-year history.

Following medical school and a rotating internship at San Francisco General Hospital, she served as a general medical officer with the United States of America Medical Corps. After a tour of duty at the Seoul Military Hospital, she returned to Maryland General to complete four years of training in anatomical and clinical pathology. She is certified by the American Board of Pathology.

Kenneth Woodrow '68, specializing in psychiatry and now residing in Palo Alto, California, visited the alumni office on a recent trip to Baltimore.

Leslie H. Pierce '69 was named the year's "Outstanding Staff Member" by the Department of Medicine at the Washington Hospital Center. He is staff nephrologist at the center as well as director of outpatient dialysis and is assistant professor of medicine at George Washington University.

1970's

Norman W. Taylor '70 is in the division of gynecology and obstetrics at the South West Virginia Clinic in Beckley.

Sherman Kahan '71, of Frederick, Maryland, is practicing cardiovascular medicine there and announces the relocation of his office to 335 Park Avenue.

Jerald Kay '71 was awarded the Golden Apple for the most outstanding teacher at the University of Cincinnati College of Medicine. He is assistant professor of child psychiatry and coordinator of medical student education in the Department of Psychiatry. He is an advanced candidate at the Cincinnati Psychoanalytic Institute and has published in the areas of psychotherapy, child psychiatry, medical education and applied psychoanalysis. Dr. Kay is a consultant in his field to the National Institute of Health. He is married to **Rena Kay '71** also an assistant professor of child psychiatry and director of adolescent services, Cincinnati General Hospital.

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JUNIOR OYSTER ROAST



Medical School Receives Maximum Accreditation

The University of Maryland School of Medicine has received the maximum seven-year continuing accreditation by the Liaison Committee on Medical Education, the internationally recognized agency for accreditation of medical education programs leading to the conferring of the M.D. degree in the United States and Canada.

In its recently released report, the Liaison Committee termed the School of Medicine "an outstanding university medical center" which has achieved "substantially significant progress, change and improvement" since the committee's last visit in October, 1970. The school's leaders were commended for providing "outstanding administrative and management capability" and for the recruitment of "many talented individuals" to the faculty. Both the basic and clinical sciences were cited as having strong programs and excellent faculty.

The Liaison Committee also congratulated the School of Medicine's administration and the State of Maryland for "new physical facilities which are both functional and beautiful" and for "funding obtained and appropriated in support of education in the health sciences."

Peer Acceptance

In June 1979, *Baltimore Magazine* published "Some Doctors Doctors Recommend," the results of a survey and follow-up interviews with local physicians. In the final tabulation of specialists most often cited by their colleagues, the names of 50 alumni and faculty appeared illustrative of the influence of our medical school on health care in this area.

Eugene B. Brody, professor of psychiatry, was selected a member-at-large of the Executive Committee of the World Federation Mental Health Meeting in Salzburg.

Mayor's Citation Awarded to Medical Student

Mr. Craig Paul, a senior in the School of Medicine, was presented the City of Baltimore Mayor's Citation by Commissioner of Health Dr. John DeHoff for his services to Baltimore's Spanish-speaking community.

Mr. Paul worked weekends and summers for two years with the City Health Department in the Spanish neighborhoods taking medical histories, giving physical examinations and referring those in need of medical treatment to health care facilities.

To make certain no one is denied medical treatment because of language problems, Mr. Paul has established model programs at several hospitals in Baltimore to educate personnel dealing with Spanish-speaking patients. As a result of his efforts, interpreters are now available to assist Spanish patients.

Samuel P. Bessman, former professor of pediatrics, received the Maimonides Award. Dr. Bessman is senior attending physician in pediatrics, Cedars-Sinai Medical Center, Los Angeles, California.

Dr. Norman I. Maldonado was guest speaker at the third annual **Herbert L. Moseley, Jr. Memorial Lecture**. Dr. Moseley joined the faculty of the School of Medicine in 1973 following 27 years in general medical practice. The memorial lecture series was established in 1977 by his wife, H. Jewel Moseley Marsan, a graduate faculty member of the School of Nursing and a nurse practitioner in the Primary Care Clinic, University Hospital.

Dr. Maldonado, chancellor of the Medical Sciences Campus of the University of Puerto Rico, spoke on the subject of "Regionalization and Medical Education in the Puerto Rican Experience."

On June 29, 1979, at the age of 91, **Roscoe D. McMillan '10**, Red Springs, North Carolina. Dr. McMillan began his general practice in Red Springs in 1911 where he was to remain for the next 62 years. In 1950 he was named Outstanding General Practitioner of the Year. He was president and secretary-treasurer of the North Carolina Medical Society as well as a member of the Board of Medical Examiners. He organized the North Carolina Cancer Institute, serving as president in 1951. Dr. McMillan chaired a four-man editorial board which was compiling a history of medicine in his state.

On September 21, 1979, at the age of 90, **Norbert C. Nitsch '13**, Rock Hall, Maryland. After 50 years of general practice and 25 years as Baltimore City Police Department physician, Dr. Nitsch retired to Rock Hall where he eventually continued his practice because there was no physician. He was chief of medicine and chief of staff at St. Agnes Hospital, Baltimore and was a retired lieutenant commander in the United States Naval Reserve. He continued to see patients until seven years ago.

This summer, at the age of 84, **Herbert Linville Shinn '17**, Myrtle Beach, South Carolina. He retired in 1946 with the rank of captain after 30 years service in the United States Navy. During a tour of duty in Santa Domingo, he was awarded the Navy Cross. To fulfill a long time ambition, he then settled in Mathews, Virginia, to practice general medicine for nearly 30 years before retiring to Myrtle Beach.

On August 31, 1979, at the age of 84, **Damian P. Alagia '19**, Baltimore, Maryland. A retired general practitioner, Dr. Alagia continued to see patients until his final illness. He was dean of the medical staff and since 1917 a member of the staff at St. Agnes Hospital where an auditorium presently under construction will bear his name. He received a papal citation in 1971 for his work at the hospital and his devotion to the community.

On August 29, 1979, at the age of 74, **H. Alvan Jones '28**, Baltimore, Maryland. Retired since 1975, Dr. Jones was chief of orthopedic surgery at St. Agnes and Maryland General Hospitals and a member of the State Board of Physical Therapy Examiners.

On May 26, 1978, at the age of 73, **Joseph S. Blum '30**, Baltimore, Maryland. Retired from general practice, Dr. Blum was a member of the medical executive committee of North Charles General Hospital and vice-president of the Maryland Academy of General Practice. He held a teaching post in the Department of Pharmacology under Dr. John C. Krantz, Jr.

On July 27, 1979, at the age of 67, **Samuel Jackson '37**, Valley Stream, New York. He was chief and assistant director in the Department of Family Medicine as well as president of the staff and medical board at South Nassau Community Hospital, Ocean-side. Dr. Jackson was assistant attending professor of family medicine at Nassau County Medical Center, East Meadow.

On March 8, 1979, **Lester Fox '38**, Myrtle Beach, South Carolina. Retired from active duty with the United States Army, Dr. Fox was chief of professional services at the United States Army Hospital in Fort Monroe, Virginia. He was also associated with the Medical College of Virginia.

On January 3, 1979, at the age of 65, **Thomas C. Sims '41**, Montgomery, West Virginia. A general practitioner, Dr. Sims was chief of staff at the Coal Valley Medical Center, Smithers, as well as team physician for West Virginia Tech's football team and Montgomery High School's football and basketball teams. Dr. Sims was president of the Fayette County Medical Society and served his country during World War II.

On May 28, 1979, **William T. Raby '42**, Charlotte, North Carolina. During World War II, Dr. Raby served in the United States Army Medical Corps in Europe. He was chief of staff at the Presbyterian Hospital, Charlotte and president of the Mecklenburg County Medical Society and the North Carolina Society of Internal Medicine.

On September 8, 1978, at the age of 60, **James G. Stegmaier '42**, Cumberland, Maryland. Dr. Stegmaier practiced surgery until 1967 when he became emergency room physician at Memorial Hospital, Cumberland, where he was president of the medical staff in 1962.

On August 5, 1979, at the age of 60, **Roy Byron Turner, Jr. '44**, Hagerstown, Maryland. He was chief pathologist and director of the laboratory of the Washington County Hospital, Hagerstown, for 19 years, retiring in 1974. He was assistant professor of pathology in the School of Medicine.

On August 10, 1979, at the age of 57, **Earl R. Paul '46**, St. Petersburg, Florida. He was chief of staff and chief of surgery at Sacred Heart Hospital, Cumberland. For many years Dr. Paul was physician to the football team at Allegany High School and was honored for this work by the Dapper Dan Club.

On June 24, 1979, at the age of 49, **George Patrick Shaw '57**, Biddeford, Maine. At the time of his death he was chief of obstetrics and gynecology at Webber Hospital, Biddeford, and vice-president of the hospital medical staff.

On June 3, 1979, at the age of 44, **John Warden Clark '61**, Baltimore, Maryland. An internist, specializing in endocrinology, Dr. Clark was clinical instructor in the Department of Medicine.

On April 16, 1979, at the age of 45, **Thomas P. Bigbee '64**, Mooreland, Oklahoma. Dr. Bigbee was a family practitioner and very active with the Boy Scouts of America. He was chief of staff at Northwest Community Hospital, Mooreland.

On August 4, 1978, **Jack C. Soltroff '30**, Philadelphia, Pennsylvania.

On January 16, 1974, **Fred D. Keller '30**, Belpre, Ohio.

On October 2, 1979, at the age of 61, **Elijah Adams, M.D.**, professor emeritus. Dr. Adams retired as head of the Department of Biological Chemistry in 1978. Before joining the faculty in 1963, he was head of pharmacology at the St. Louis University Medical School.

On September 8, 1979, at the age of 61, **Harle V. Barrett, Faculty**, Baltimore, Maryland. Dr. Barrett joined the University Hospital staff in 1964 as director of the medical care outpatient clinic and as associate professor of preventive medicine. While a staff member, he also served as director of the evaluation clinic, special assistant to the associate dean for health care programs and director of intake services for the office of health care programs. He was instrumental in the development of two outpatient clinics in the Baltimore area. He attained the rank of captain in the Army, serving as a preventive medicine officer in Oklahoma and California as well as Korea.

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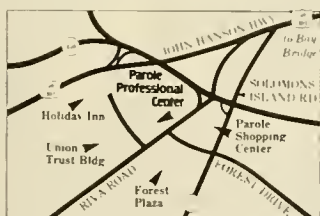
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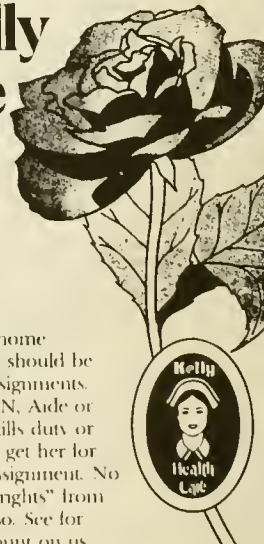


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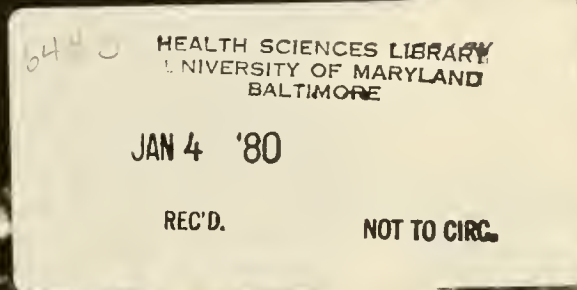
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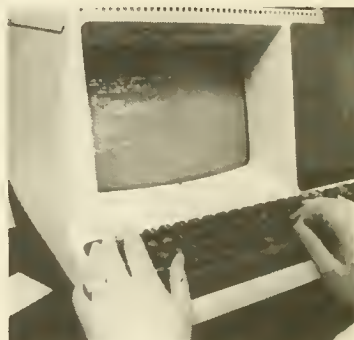
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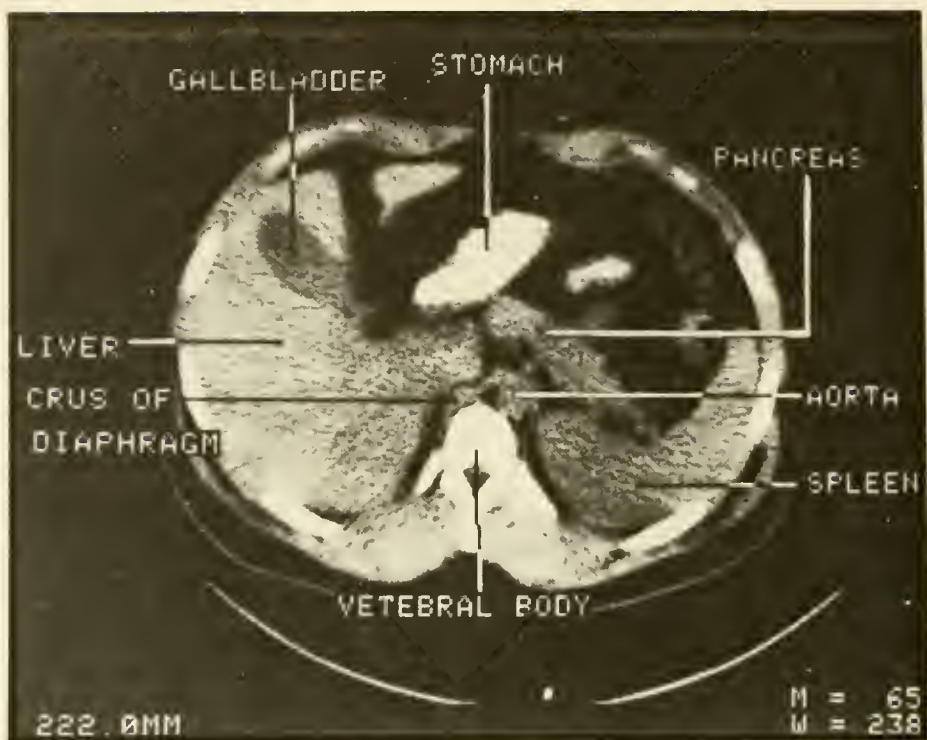
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COVER: The graphic display of echoes of ultrasound reflected from organs typifies the new diagnostic aids which permit a noninvasive look into the body. The electronic wizardry of axial tomography and sonography has changed diagnostic radiology into an imaging center offering alternatives often preferable to conventional radiographs. The capabilities and limitations of these new techniques are featured in this issue.



Computed tomogram of upper abdomen

Computed tomography and sonography are not panaceas for all the illnesses of the world, but their judicious use will improve patient care

Startling changes are taking place in the X-ray Department at University of Maryland Hospital and elsewhere. The main course of the revolution is two techniques which allow the intact living body to be imaged in cross-section: computed tomography and ultrasonography. The recent addition of Nuclear Medicine made possible a diagnostic imaging center.

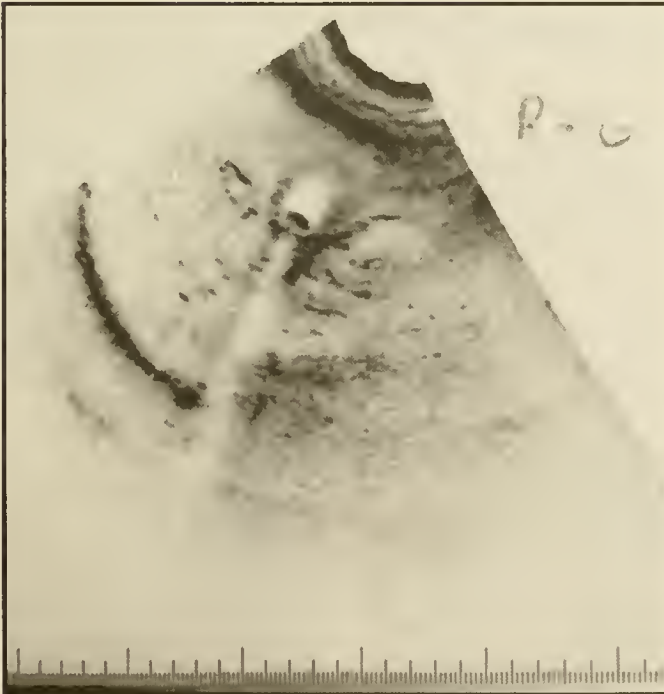
Ultrasonography (US), like the Navy's World War II sonar, originates sound waves and records them on an oscilloscope. Its usual image is intrinsically a cross-sectional display.

In computed tomography (CT), the X-ray source and receptor are moved around the patient in a ring and a computer mathematically reconstructs the cross-sectional images. CT of the head is old hat and widely accepted by the medical community. Computed body tomography (CBT) is newer and the early analyses leave no doubt that it too will prove cost effective if utilized and requested for the proper reasons. Body CT requires twice as much time on the average as CT of the head (63 vs 32 minutes).

US recognizes interfaces while CT measures the absorption of X-rays, so they differ in their physical

Joseph Whitley, M.D.
Nancy Whitley, M.D.
Lee Goodman, M.D.

New Images Improve Diagnoses



Longitudinal scan 6 cm to right of midline showing a large gallstone with gallbladder

basis. Air is the enemy of ultrasound therefore, intrinsically, the CBT is superior to US. In some parts of the abdomen they are in friendly competition as to superiority of diagnosis. In the heart, US can see and easily record valve function. Below are recorded some first thoughts on specific indications for these new techniques.

Computed Tomography

Computed tomography has undergone rather startling changes since its conception in 1975. The scanners themselves have undergone rapid change with scan time being lowered from five minutes to five seconds or less. University of Maryland utilizes the Pfizer prototype 450 scanner which is a circular array of 600 stationary solid state detectors with an X-ray tube that scans in five seconds. The slice thickness is variable from 2 to 10 millimeters but, in most of the chest and body work, one centimeter is used unless a very small lesion involving the pancreas and adrenals is sought. The reconstruction time is 30 seconds for a 320 matrix and the radiation dose is 1.9 rads per slice. With the improvement of scan slice thickness and the resolution of the CT scanners, there has also been an increase in the indications for CT scanning, but we will attempt to discuss the indications accepted by the majority of radiologists at the present time.

Table 1. Indications For Computed Body Tomography

I Chest

- A. Occult Pulmonary Nodules
- B. Evaluation of Mediastinal Lesions
- C. Evaluation of Bone and Muscle

II Retroperitoneum

- A. Pancreas
- B. Adrenals
- C. Renal and Ureters
- D. Lymph Nodes

III Liver and Spleen

IV Pelvis

- A. Uterus and Ovaries
- B. Testicular Tumors
- C. Bladder

V Interventional C.T. Scanning

VI Staging and Follow-up of Malignancies

Chest

Occult pulmonary nodules can be visualized by CT. These are usually subpleural nodules located in the costophrenic sulci or cardiophrenic sulci. Small nodules not detected by chest X-ray or chest tomograms may be visualized, particularly in children with metastatic disease such as Wilms tumor, neuroblastoma or sarcoma. The cardioesophageal recess and the right upper lobe posteriorly are other areas that can be difficult to define by routine studies. The cystic or solid nature of lesions can be determined by use of the cursor for CT numbers and very small pleural effusions can be detected.

Evaluation of the mediastinum is one of the frequent reasons for requesting CT of the chest. This is done when the chest films are normal and there is a high index of suspicion or when a questionable lesion is seen on chest X-ray or chest tomograms. CT has the ability to see anatomic structures not visualized by conventional radiographs and is of value in defining the extent of disease both within the lungs and mediastinum which, as elsewhere in the body, may be the major role of computed tomography.

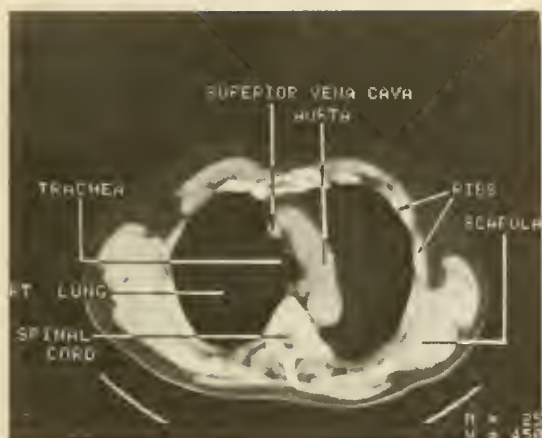
Superimposition of many bones makes routine radiographic evaluation of the thorax difficult. CT can show lesions of the bones and muscle to advantage. This is particularly true of the sternum and shoulder girdle. The muscles of the entire body are well visualized and spread of disease with involvement of bone and muscle is better demonstrated by CT than any other modality.

Retroperitoneum

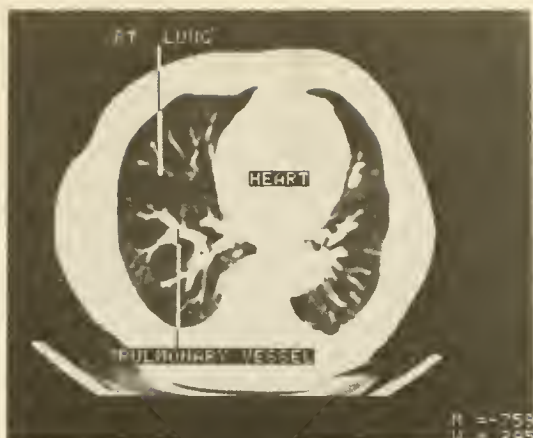
CT scanning of the retroperitoneal area allows a look without an invasive technique. Prior to ultrasound and CT, this area was visualized by arteriography or retroperitoneal air insufflation; neither method could delineate all the structures.

The anatomy of the pancreas is well demonstrated by CT particularly if the patient is scanned in the supine and right lateral decubitus positions following dilute oral contrast. It will be interesting to see if the diagnosis of carcinoma of the pancreas can be made early enough in the disease to change the cure rate. We think that the symptoms of carcinoma of the pancreas are subtle enough that the diagnosis may be made by CT without increasing the longevity of the patient. The main benefit may be in defining the extent of the disease and therefore sparing the patient an exploratory laparotomy. Pancreatitis and its sequelae, such as pseudocyst, are also well demonstrated by CT.

Usually the kidneys and ureters are better moni-



CAT of upper chest



CAT of mid chest showing lung detail

tored by intravenous urography than with tomograms and ultrasound. However, if, because of a contrast reaction or technical difficulties with ultrasound, other modalities are not possible, the kidneys can be evaluated for masses or hydronephrosis by CT scan. The adrenal gland, on the other hand, can be best visualized by CT. Their demonstration may necessitate smaller scan techniques than those routinely employed.

The extent of lymphadenopathy is better evaluated by CT than by lymphangiography. Lymphangiography will give a morphological diagnosis and will detect nodes that are normal in size but abnormal in architecture, but all of the abnormal nodes do not take up the lymphangiographic contrast. In the upper abdomen the contrast goes into the thoracic duct and bypasses the pancreatic bed which is rich in lymph nodes and is a major route of spread of many tumors. CT has been extremely valuable in the diagnosis and follow-up of the patients with lymphoma.

Liver and Spleen

Computed tomography of the liver and spleen gives excellent detail but radionuclide and ultrasound studies are excellent and should be the first modalities employed. The liver is evaluated on all scans of the upper abdomen and unsuspected disease frequently diagnosed. Ethiodized oil emulsions specific for the liver and spleen are now under investigation and this may focus more attention on CT imaging of the liver and spleen.

Pelvis

The bony pelvis and its contents are difficult to evaluate even with the addition of contrast media. In considering the bones themselves, there is overlapping of bony structures and subtle erosions as by metastatic tumor or erosions from tumors themselves which occur in the area of the sacrum may be difficult to visualize even with routine tomography of the pelvis. The visualization of fracture fragments in patients with fracture dislocations of the hips can be well visualized on computed tomography. Masses directly involving the pelvis such as the sarcomas and lymphomas will produce deviation of normal structures such as the rectum and ureters, but the extent of involvement and follow-up after radiation therapy and chemotherapy can be demonstrated by CT.

Evaluation of the uterus and ovaries has been pretty much left to ultrasound which does a good job of visualizing masses in this area. We do feel that the use of CT in evaluating tumors of the uterus and ovaries is beneficial since the extent of the disease can be defined with careful studies. This does necessitate giving contrast media orally so that the bowel loops within the pelvis are filled and possibly even introducing a small amount of contrast into the rectum. Intravenous contrast to outline the uterus and bladder is also necessary for an optimum study, and the patient may need to be scanned in the supine, prone and both lateral decubitus positions. This will delineate the mass and extension to the pelvic wall particularly in tumors of the cervix. In addition, visualization of lymph nodes and obstruction or partial obstruction of the ureters can be visualized. Careful CT scanning can yield more information regarding extent of disease than can be obtained by ultrasound.

CT plays an important role in the evaluation of testicular tumors. A CT scan will show the degree of involvement of the bony pelvis and soft tissues of the pelvis but, in addition, will show the adenopathy within the abdomen. The route of spread of testicular tumors is to the periaortic area and also to the area of the left renal vascular pedicle. These lymph nodes and those above the kidneys will not be detected by lymphangiography. For that reason, CT has a definitive role in the evaluation of patients with testicular tumors.

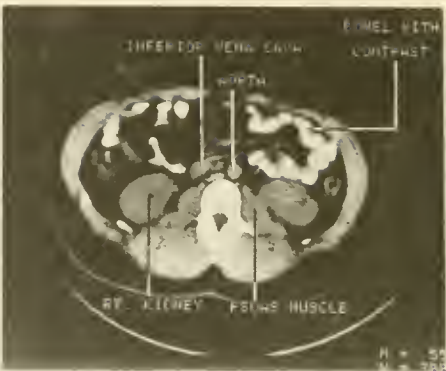
Many methods have been attempted for staging of bladder tumors and CT offers at least an 85% accuracy in this. Probably the best method of evaluating bladder tumors is to introduce air into the bladder and examine the patient in supine, prone and both lateral decubitus positions. This enables one to visualize the width of the bladder wall and the degree of involvement of contiguous structures.

Interventional CT Scanning

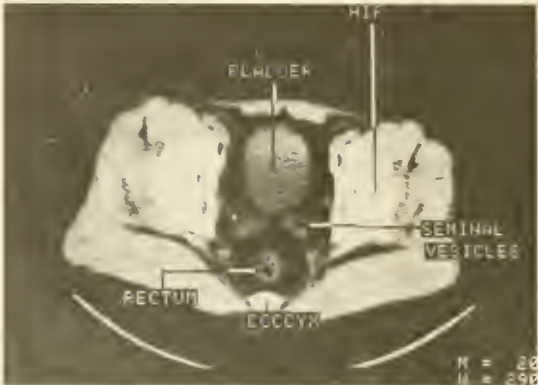
The excellent cross-sectional anatomy as demonstrated by computed tomography and the ability to measure from the abdominal wall to a lesion in the abdomen or chest have made CT a valuable guide both for introduction of a biopsy needle and for introduction of catheters to drain abscesses. The use of CT for biopsy and drainage has decreased the number of exploratory laparotomies needed. CT helps in the draining of abscesses in solid organs and the retroperitoneum.

Staging and Follow-Up of Malignancies

Indications for CT scans may change in the future as they have in the past; however, we do believe that the staging and follow-up of malignancies will continue to be a prime indication for the use of computed tomography. Certain areas of the body are not well visualized by other modalities and we think that the course of disease, in some instances, has been clarified by computed tomography. CT scanning has shown masses of nodes in the neck to be contiguous with the nodes in the mediastinum in patients with lymphoma and in some patients the adenopathy extended into the abdomen and pelvis. Certainly CT is ideal for evaluating the renal bed post nephrectomy for carcinoma of the kidney. This area should be clean and, if there is a mass present, this is recurrent tumor. It will also show the extension into the muscle of the back and the bony destruction which may well occur in this disease. CT demonstrates very well the direct extension of tumors into the muscles of the



CAT of lower abdomen



CAT of pelvis



CAT of pelvis

chest, abdomen and pelvis. CT is ideal for visualization of the masses within the pelvis in the patient with resection of the rectum for carcinoma of the rectum. Prior to CT this was a difficult area to evaluate after abdominal perineal resection. Metastatic disease involving the bony pelvis is very frequent and both the bony abnormalities and the soft tissue changes associated with bone destruction are well demonstrated by CT.

Ultrasonography

Medical ultrasonography was first developed in the mid-1950's but has only gained widespread acceptance in the last 4-5 years. Because it is completely safe and relatively inexpensive, it is considered an imaging device of great value.

Perhaps the greatest acceptance of medical ultrasonography has occurred in the field of obstetrics. In this area, one is faced with multiple diagnostic problems which conveniently can be broken down into the trimesters. In the first trimester, gestation can be visualized as early as two weeks after a missed menstrual period. In addition, fetal activity as well as fetal heart motion can be seen as early as 4-5 weeks after a missed period. This has obvious implications. For the patient who has first trimester bleeding, one can establish whether, in fact, a viable pregnancy is present. For that matter, the viability of a pregnancy can be established throughout the course of the gestation. In addition, during the first trimester, one can easily establish whether the pregnancy is intrauterine or ectopic. There are signs of ectopic pregnancy which include masses outside the uterus, fluid in the cul-de-sac, and a decidual reaction within the uterus without an intrauterine pregnancy. In addition, ultrasound is useful in the evaluation of the uterus that is "too large for dates." In these pregnancies, the differential diagnosis usually includes hydatidiform mole, multiple gestations, uterine mass in addition to the fetus, and occasionally polyhydramnios. Ultrasound can easily and accurately distinguish all of these entities.

During the second trimester, gestation age can best be evaluated with an accuracy of less than one week by measuring the fetal head size and comparing it to known head sizes at stages of pregnancy. This can be done as early as the latter portions of the first trimester and throughout the remainder of pregnancy. During the second trimester one can also evaluate for fetal abnormalities as well as for growth retardation. By obtaining serial scans, one can also assess whether the head is growing appropriately.

During the third trimester, the evaluation of the placenta becomes important. The exact location of the placenta can be easily established thereby solving the mystery of whether a patient who has third trimester bleeding has placenta previa. Occasionally abruptio placenta also can be evaluated. Multiple gestations are a simple matter to establish at this stage. Polyhydramnios and intrauterine growth retardation can also be determined. Fetal anatomy and possible anomalies can also be appraised beginning at the latter portion of the second trimester. Fetal kidneys can be visualized

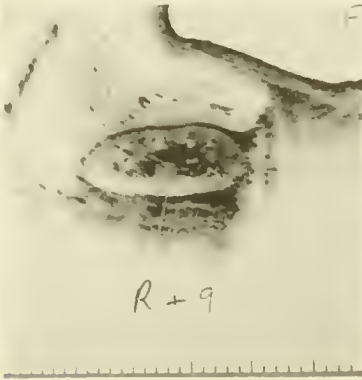
routinely and fetal hydronephrosis, the most common cause for a neonatal mass within the abdomen, can easily be evaluated. In addition, bowel obstructions have been diagnosed prior to delivery. Also, bony abnormalities such as meningocele, fetal hydrocephalus, and fetal anencephaly are relatively easy to diagnose. The ultimate value of diagnosing fetal abnormalities has yet to be established, however.

Another area in which ultrasonography has gained widespread acceptance is gynecology. For the most part, the gynecologist treats young females of child bearing age, exactly those patients in which unnecessary irradiation should be avoided. Furthermore, there are very few radiographic studies that will adequately image the pelvic organs in the female; intravenous pyelograms will provide only indirect evidence of pathology and plain films are virtually useless. For these reasons, ultrasound has become popular. Routinely, one can always visualize the uterus and the ovaries in as many as 90 percent of normal patients. Ovarian masses, fibroids, tubo-ovarian abscesses, retrouterine fluid, endometriosis and intrauterine devices can be visualized.

In older patients, ultrasound also has been used to stage cervical as well as ovarian malignancies. The value of this, however, remains somewhat controversial.

Ultrasound also has proven to be of great value in the area of renal disease. With good quality intravenous pyelography, it has become commonplace to diagnose lumps and bumps on the kidneys. When a suspicious area is found in the kidney, the obvious differential is cyst or solid tumor. Previously, angiography was needed to distinguish the two lesions. Ultrasonography can provide the same information, i.e., determining whether a mass is a cyst or a solid lesion, with greater than 95 percent accuracy. This discriminative usefulness can be extended to many other areas, e.g., thyroid gland, pancreas, liver. In addition, ultrasound has become the first line examination of the patient with a new onset of renal failure. For example, a patient presents with a BUN of 150. Although the diagnostic possibilities are numerous, the most important diagnosis to exclude immediately is that of obstruction to the ureters or flow of urine since this is usually curable. To diagnose obstruction, only a few modalities are now practical. Certainly an intravenous pyelogram cannot be performed because of this degree of elevation of the BUN, an intravenous pyelogram would result in "non-visualization of the kidneys." Retrograde pyelography is a possibility but invasive. Plain films of the abdomen

are useless for this purpose. Ultrasonography can immediately document the size of the kidneys, the degree of hydronephrosis and the position of the kidneys (if a renal biopsy is planned). Small kidneys correlate well with chronic disease, and large kidneys have other significance.

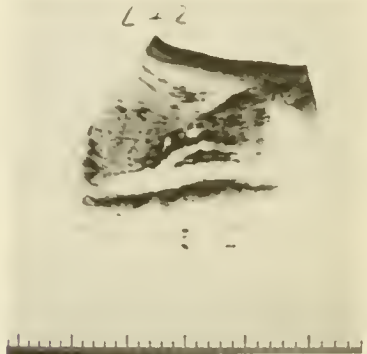


Longitudinal scan 9 cm to right of midline showing normal relationship of right kidney to liver

Ultrasonography has made great inroads in the evaluation of the pulsatile abdominal mass. Prior to ultrasonography, reliance had to be placed on plain films to visualize calcification in an abdominal aortic aneurysm. If this was inadequate or further anatomic detail was needed, an abdominal aortic arteriogram was the only alternative. This is obviously invasive and is associated with some morbidity. Abdominal ultrasonography can visualize the normal as well as aneurysmal aorta and measure the aneurysm with an accuracy of approximately 2 millimeters. In addition, with ultrasound, both the outer and inner walls of the aneurysm are visualized allowing estimation of the amount of laminated clot within the aneurysm. One also can often ascertain whether the aneurysm extends down into the iliac arteries. Once an aneurysm is diagnosed, the size of the aneurysm can be followed very easily by ultrasonography. Of perhaps even greater value, however, is establishing that the abdominal aorta is normal in a patient with a questionable pulsatile mass. It is not at all uncommon to see elderly patients, especially those with lax abdominal musculature, with a questionable increased pulsation in the lower abdomen.

First line evaluation of an abdominal mass is another efficient use of ultrasonography. In the workup of an abdominal mass, there is often confusion in knowing where to start. Should an upper GI series, intravenous urogram, barium enema, angiogram, or radionuclide procedure be the first diagnostic modality? Ultrasonography can often localize the mass to a specific organ system. For instance, if a mass is felt on the right side of the ab-

domen, ultrasonography can often determine whether it arises from either the kidney or the gallbladder or the right lobe of the liver or the anterior abdominal wall. This will at least steer the referring clinician in the right direction.



Longitudinal scan 2 cm to left of patient's midline showing abdominal aorta and superior mesenteric artery arising from it.

Another field in which ultrasound has been most helpful is in evaluation of the gallbladder and biliary tree. Although an oral cholecystogram is still the first-line examination when gallstones are suspected, this study does have certain limitations. An oral cholecystogram in a patient with acute right upper quadrant pain and suspected gallstones may often take as much as 48 hours to provide a definitive answer. This is due to the fact that 25 percent of normal patients will have a non-visualization after the first dose and a second study is required. Recent reports suggest that, if surgery is to be performed, it should be done as soon as possible. With ultrasonography, one can immediately diagnose gallstones. Unfortunately, however, many middle-aged and elderly patients will have gallstones as an incidental finding rather than the cause of the acute pain. For this reason, clinical correlation is needed. At this time, ultrasonography is providing good anatomic, but not necessarily good physiological information about the gallbladder.

The evaluation of the jaundiced patient has become considerably easier with abdominal ultrasonography. It is convenient to classify the jaundiced patient into either "medical jaundice" (hepatitis, cirrhosis, etc.) or "surgical jaundice" (obstructing tumors, obstructing stones, etc.). Only a limited number of diagnostic tests can do this. Bilirubin levels, both indirect and direct, generally fail to provide the precise distinction. Oral cholecystography is of no value in the jaundiced patient. Intravenous cholangiography is similarly of very little value when the bilirubin exceeds 3 or 4 mg/dl. Percutaneous, transhepatic cholangiography is invasive and associated with a small but definite risk of morbidity and mortality.

The radionuclide studies to evaluate obstructive jaundice are still experimental. Ultrasonography, on the other hand, is simple, quick and accurate (greater than 90 percent) in establishing whether a patient is obstructed. Often, the exact location of the obstruction cannot be determined but at least further workup can be better targeted.

Ultrasound is an effective approach in the patient with suspected occult abscess within the abdomen. Most often these patients are 3-4 weeks postoperative and have low-grade fever. With ultrasound, the areas prone to localization such as the pelvis, the subdiaphragmatic spaces and the paracolic gutters can easily be evaluated.

Other areas in the abdomen that can be evaluated by ultrasonography can also as easily be evaluated by other readily available and generally acceptable modalities. A prime example is the common clinical question of metastatic disease in the liver. At the present time, radionuclide liver scanning provides adequate evaluation. There are occasions when ultrasound will provide an answer that radionuclide liver scanning will miss, but the opposite is just as common. Certainly, when a mass is detected by radionuclide liver scanning, the nature of that mass can occasionally be established by ultrasonography. On occasion liver cysts will appear as a mass on liver-spleen scans and ultrasound will establish their definite cystic nature. In addition, an abscess in the liver occasionally will have a classic appearance. For the most part, however, radionuclide liver-spleen scanning is adequate.

Ultrasonography can play a complimentary, but not necessarily a primary, role in the evaluation of the pancreas. For pancreatitis, generally the laboratory evaluation as well as the clinical presentation suffices. With a question of pseudocyst, ultrasonography is the modality of choice. For pancreatic carcinomas, although ultrasonography can provide the answer, computerized axial tomography of the abdomen is probably better. This is still controversial.

There are several readily appreciable advantages to ultrasonography. Firstly, it is completely safe. There has not been an ill effect of ultrasound recorded clinically in the last 30 years of its use. Secondly, its non-invasiveness as well as patient comfort during the procedure. Thirdly, the price of an ultrasound examination is relatively low compared to other diagnostic tests, and the equipment is relatively inexpensive. A top-quality ultrasound unit can be obtained for as little as one fourth the price of an average quality radiographic/fluoroscopic unit. In addition, an ultrasound unit is perhaps only one-tenth as expensive as a routine CAT scanner.

The disadvantages of ultrasonography include its inability to visualize structures that are obscured by gas. If the patient has dilated loops of bowel gas, anything behind those dilated loops cannot be seen. Obviously, for the same reason, lungs cannot be visualized. Pleural disease, such as pleural effusions or pleural tumors could be imaged, however. Another disadvantage is the degradation of the ultrasonic picture in obese patients.

As with any imaging modality, the accuracy and success of a sonographic study is highly dependent on the competency of the sonographer as well as the amount of clinical information submitted.

Conclusion

We do not believe that computed tomography and sonography are the panaceas for all the ills of the world, however we do believe that their judicious use will improve patient care.

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SAMUEL CHEW

1806-1863

Classical Scholar, Pioneer in Medical Education Clinical Teacher of Medicine and Therapeutics Fourth Chairman of Department of Medicine

Theodore E. Woodward, M.D.

This is fifth in a series of biographical sketches of former Chairmen of the Department of Medicine.

Samuel Chew, a native of Calvert County, Maryland, was born April 29, 1806, a year before the opening of the University of Maryland School of Medicine. His early education was received at Charlotte Hall in St. Mary's County, Maryland. In 1822, he entered Princeton College, where, in 1825, he received the degree of A.B. and, in 1828, the A.M. degree. On leaving Princeton, he began the study of medicine in Baltimore under Dr. William Donaldson, a cultivated gentleman and a prominent physician of unusual skill. In 1826, he entered the School of Medicine at Maryland and, after attending three courses of lectures, received the degree of Doctor of Medicine in 1829. He spent five years in the practice of his profession in his native county and then moved to Baltimore where there were greater professional opportunities for young physicians. From about 1835 to 1841, he was Librarian of the Medical and Chirurgical Faculty. In 1840, in conjunction with Dr. Joshua I. Cohen, he established in Baltimore an Eye and Ear Institute in which he had charge of the department relating to the eye.

In August, 1841, on the death of Professor Samuel G. Baker, he was elected to the Chair of Materia Medica and Therapeutics at the University of Maryland, a position which he filled with great credit and satisfaction. Chew filled this chair until 1852 when, with the resignation and death of Professor Power, he was elected to the Chair of Principles and Practice of Medicine. While serving as a faculty member during Power's tenure, he conducted ward walks and lectures to students on medical topics. Professor Chew fulfilled these duties as chairman until his death caused by pneumonia on Christmas Day, 1863.

Scholarly attributes and classical tastes were reflected in Professor Chew's writings and his familiarity with ancient authors permitted him to quote them.

Samuel Chew first made his mark with the Maryland Medical School faculty when he was appointed to the Chair of Therapeutics, Materia Medica and Hygiene in 1841. Materia Medica was an important curricular program and its teaching to students required the background of a physician whose knowledge embraced clinical medicine. The course dealt with the materials of medicine and included general therapeutics, chemical properties and manufacture of drugs, toxic manifestations, dosage and the use of surgical instruments. The Chair was established when the school opened in 1807. Instruction was given in usage of narcotics, tonics, aromatics, astringents, emetics, cathartics, diuretics, methods of venesection, treatment of hemorrhage and methods of surgery. Beginning in the 1830's, Robley Dunglison placed much emphasis upon hygiene and preventive medicine. Samuel Chew was versed in these fields and maintained a well-balanced interest in chemistry; he, and others, refused to embrace the extreme herbalism which hampered American pharmacy in other schools. Chew's curricular course, according to the Annual Catalogue of 1851-52, "included a description of the natural history, preparation and mode of exhibition of medicinal agents, and the flaws and conditions under which health may be preserved and disease avoided. The mere enumeration of a number of well-known or obscure drugs, large or small, with the safe or unsafe doses in which they may be given is not looked upon as the end of Materia Medica, but a full history of their mode of production, properties and physiological action with the indications governing their employment. It is an

axiom in medicine that 'no remedy becomes such save by its timely use;' to determine which involves something beyond a routine knowledge of the sensible qualities of a drug, or the amount in which it may be borne. The principles, therefore, which should govern the administration of remedies are carefully unfolded as the only sure guides to attaining their desired effects."

Chew, and others, insisted that the student should be taught to place a right value upon diagnosis, not only as indicating the existence and nature of the disease, but also the quality of the agents which are to be employed in controlling it. He insisted that, after the general features of an illness were established and understood, one should then watch for exceptions. A physician was expected to understand, for example, that all apoplexy does not require blood letting, or all pneumonia, antimony, or all dropsy, squill, or all syphilis, mercury. The doctrine of cure was regarded by him as conclusive for a large number of cases, yet the application of it to an individual case might call for material modifications; to detect the peculiarities which demand these modifications, the practitioner must exercise his own judgement and skill. These were the concepts and teachings which Chew carried over to the Chair of Practice.

Under Professor Chew, the course of Principles and Practice of Medicine and Clinical Medicine included special lectures and clinical visits and lectures at the Infirmary. The lectures were an exposition of the natural history of disease and their treatment. The Baltimore Infirmary (See figure 1, University Hospital) contained 150 beds and patients with all varieties of acute and chronic disorders were admitted to its wards. The student was exhorted to attend all clinical teaching sessions and no candidate for graduation was admitted to this examination until he produced evidence of his attendance.

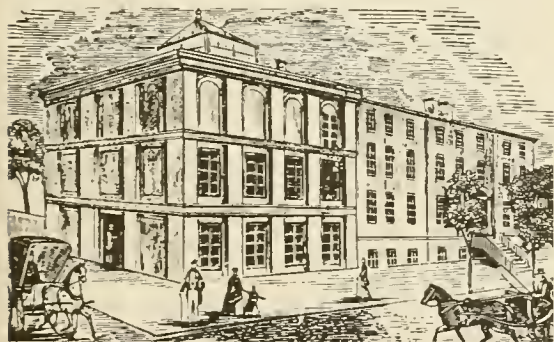
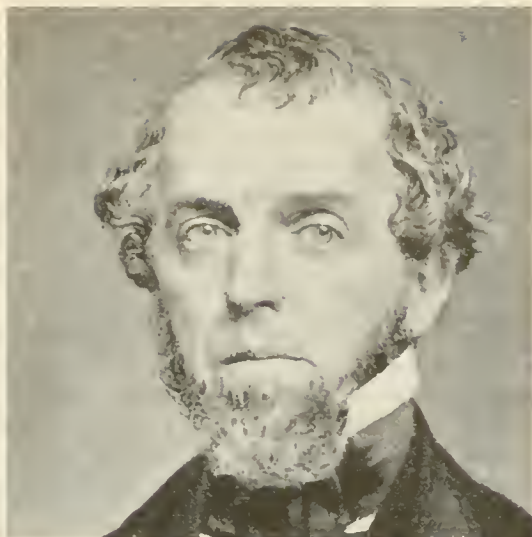


Figure 1. Baltimore Infirmary (University Hospital) showing new addition added in 1852. It provided private rooms, a clinical amphitheatre; the institution had a capacity of 150 beds, the largest hospital in the city. (Lomas, A.J. As it was in the beginning. A history of the University Hospital. Bull. Sch. Med. 23:147,1939.)



Samuel Chew, A.M., M.D.
Professor of Principles and Practice of Medicine 1852-1863

Senior faculty members were designated as preceptors for medical students. In the catalogue of 1853-54, Professor Chew was listed as having the following preceptees: George F. Adams, William B. Biscoe, Benjamin A. Carr, William W. Childs, William Denny, Thornton Dorsey, George Hammond, George Hayward, David Hutchings, George B. Kelly, Uriah Laveille, John S. Lynch, Charles P. Machenheimer, John Silas Marshall, Hugh Martin, Andrew Jackson Martin, Bernard Mills, Lewis G. Sparrow, William H. Thompson, Jr., E. M. Tingle and George W. Weems. The second largest number of preceptees (18) were those of Professor Nathan R. Smith (the Emperor), Chairman of Surgery. It is of some contemporary interest that two members of the Class of 1853-54 were assigned to Dr. J. M. Finney as preceptor. Doctor Finney's son was J. M. T. Finney, who later made great contributions to surgery in Baltimore at the Johns Hopkins Hospital and Medical School.

Professor Chew delivered his lectures from well-prepared notes which usually were read to whole class groups in Davidge Hall. They were delivered on specific disorders and included discussions of the clinical signs and symptoms, concepts of their cause, complications, known remedies, limitations of therapy, differential diagnostic features, morbid findings and means of prevention as they were known. Lecture notes taken by students have been preserved and one set includes complete notes on malaria, typhoid fever, remittent fever, typhus fever, yellow fever, exanthematous fevers and others. The lectures on typhus and typhoid fever were comprehensive and reveal a remarkable comprehension of these diseases and their complications.

Dignified and reserved in manner, Professor Chew was genial with his friends. According to Cordell, his "life was upright and his sentiments pure and lofty." He was a devout Christian and his manner made him "exceedingly winning and attractive in the sick room." Cordell commented that he never met anyone who failed to speak of Professor Chew with utmost reverence and regard.

Professor Chew was a frequent contributor to the medical literature and he delivered numerous lectures and addresses which were published. One of the best known of his writings was a learned oration delivered on the occasion of the formal opening of the Hall of the Medical and Chirurgical Faculty on Calvert Street, near Saratoga Street, on June 3, 1858. In this speech, Chew discussed the prevalent criticisms which were directed at physicians by the laity and other professional groups for the lethargy and lack of progress being made by the medical profession. Chew spoke very eloquently of the great contributions which had been made in medical knowledge which extended the fields of anatomy, physiology, pathology and the extensive and accurate observations of the effects of remedial agents and their limitations. He did acknowledge the inferior natural abilities of some physicians and their deficiency in background education. Particularly remarkable in this oration was his recount of medicine as it was practiced as an art and as a science spanning the era from ancient Greek physicians to the time when high standards were set by continental physicians. This was a remarkable discourse which would give great satisfaction to any member of the medical profession.

Professor Chew's final published work was a volume of "Lectures on Medical Education" which was intended chiefly for students. This work was unfinished at his death but the series was completed and edited by his son in Philadelphia in 1864.

The high quality and incisive objectivity of these five delightful lectures clearly delineate the depth of Samuel Chew's character. They will be comprehensively summarized because their guiding principles apply so well even a full century after they were presented. Students were reminded that medical practice does not lead to wealth but provides a means of pecuniary independence. Industry and dedication are indispensable and he commented that the wise physician who was industrious would succeed and gain real happiness through service. Good sense, an ordinary degree of integrity, a sense of judgement and the ability to derive conclusions from ideas "received into the mind from without" were the qualities necessary to become a physician. The good doctor must think well and possess careful powers of observation.

Chew considered reading a virtue which demanded careful choice of writings by scholars and

recognized leaders. He regarded it as useless to read incessantly without taking time for contemplation. Students were advised to reread classic articles and to understand them well rather than to scan the breadth of medical literature without understanding anything. High emphasis was placed upon the value of a good lecture and systematic note-taking with inquiry of the preceptor or lecturer after regular sessions. Chew urged "you should not believe, without reason, everything that you hear; and you should not reject, without reason, the instructions of those who have gone before you in science and whom you have chosen as your teachers."

The fourth lecture stressed the need to observe patients in the hospital where the natural history of illness was learned. He spoke of how the viewing of rose spots of typhoid, petechiae of typhus, agitated muscles of delirium tremens or chorea, or hearing the fine crepitation of pneumonia or the "bellows murmur" of endocarditis gives a correct idea of their meaning. Students must see for themselves. Knowledge gained in the clinic or hospital by observation will be remembered better and longer than that acquired from books or lectures; "the eyes have more retentive memory than the ears." Reading and the hearing of lectures are regarded as introductory for students and by them a student is enabled to observe and think for himself. Book doctors must always extend their experience through clinical observation; "You must spend much time among books and much also among the sick." Chew stressed "an essential part of your professional education must be acquired at the bedside by observing, by inquiring, and by reflection." Students were encouraged to observe the techniques of their teachers, their methods of treatment, and then endeavor to make their own observations and diagnoses. Chew admonished, "If you cannot afford time and patience to examine and to think maturely, you should renounce the profession of medicine and seek out some walk of life in which you may succeed without labor and be careless and negligent without incurring the guilt of homicide." Later, William Osler, in his *Aequanimitas* quoted Abernathy: "The hospital is the only proper college in which to rear a true disciple of Aesculpius" and Oliver Wendell Holmes remarked in an introductory lecture given in 1867:

The most important part of a student's instruction is obtained, as I believe, not in the lecture room, but at the bedside, nothing there is lost, the rhythms of disease are learned by frequent repetition; its unforeseen occurrences stamp themselves indelibly on the memory. Before the student is aware of what he has acquired he has learned the aspects and causes and

probable issue of the diseases he has seen with his teacher, and the proper mode of dealing with them, so far as his master knows.

Samuel Chew's teachings antedated those of Holmes and Osler and his written word in the mid-nineteenth century merits a high place for him among enlightened medical educators of that era.

Chew urged that the skillful use of the stethoscope was essential which contrasted with his predecessor, Nathaniel Potter, who regarded it as "humbug." Rather than devote too much attention to rare and unusual disorders, Chew advised full comprehension of the common diseases. Note-taking and tabulation of clinical data in a record were regarded by him as an essential mark of thoroughness. Also, he recognized the virtue of students to discuss medicine among themselves and with their teachers. He quoted Bacon: "Conference maketh a ready man, reading a full man, and writing an exact man." Discrete selection of associates with whom to discuss problems was advised.

In his final lecture, Chew contrasted the European and American medical schools, pointing out strong and weak features of each. The need for a proper preparatory education was stressed with proper preparatory education in the classics, history and language; "pupils should be scholars before they attempt to become physicians." The current medical collegiate term of four month sessions each year was held as too brief. With the widely advancing knowledge of medical science, longer terms and another year were required with greater emphasis upon practical anatomy and clinical observation.

In changing any medical school curriculum, Chew remarked that change does not necessarily represent improvement. In making reforms, "wisdom is as fully necessary as energy and dispatch." Curriculum committees of the late twentieth century might profit from this advice. According to Chew: "What schools, even the best schools can do for their pupils is trivial and insignificant in comparison with what pupils can do for themselves if they wish to acquire knowledge, ability and fitness for their profession." The school "furnishes its students the means and opportunity to study disease. There is no royal road to Heaven, or to geometry or to medical science and the schools have no power to construct such a road for their pupils. If one wishes to succeed in science or in art or a profession or for any other excellence or eminence, it is necessary to pay the price and that price is labor, effort; your own labor and not the labor of teachers."

This delightful, stimulating and provocative series of lectures compares very favorably with the essays of William Osler which followed by a half of

century, and they place Samuel Chew among the top medical scholars of his day. The last words which Chew is said to have written were "*Sic itur ad astra.*" Thus shall you go to the stars.

Dr. Chew was Treasurer of the Medical and Chirurgical Faculty, 1838-39; Vice President of the Faculty, 1859-63; and Dean of the School of Medicine from 1842-44. He was co-editor, in 1843, of the Maryland Medical and Surgical Journal, the official organ of the Medical and Chirurgical Faculty.

Fortunately for Baltimore and the University of Maryland School of Medicine, his son, Samuel Claggett Chew, emulated his father and made lasting contributions.



Grave marker of Samuel Chew, burial lot 116, area U, in Greenmount Cemetery, Baltimore

Samuel Chew died of pneumonia at his home on Friday, December 25, 1863. On the next day, the medical students and Faculty of Medicine met separately and resolved to attend the memorial service for him which was held at his residence, 70 North Paca Street at 3:00 p.m., Sunday, December 27. Students, faculty and a large number of friends and former patients attended the service. He was buried in the family plot at Greenmount Cemetery following the service.

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PRIVACY

Suzanne S. Murphy, M.S.A., Assistant Director

When a patient authorizes the release of his medical record, he usually has no way of knowing its content or its accuracy. Critics claim this "blind" consent violates an individual's right to privacy. In its final report to the President and the Congress, the Privacy Protection Study Commission devoted chapter seven to "Record Keeping in the Medical Care Relationship," which, in general, recommends that a patient have access to his record and that he be allowed to correct any erroneous information.

Six basic conclusions were derived from the commission's review of the creation, maintenance, use and disclosure of medical records and medical information:

- Medical records now contain more information and are now available to more users than ever before.

- The control which medical care providers once exercised over information in medical records has been greatly diluted as a consequence of specialization within the medical profession, population mobility, third party demands for medical record information, and the increasing incidence of malpractice suits.

- The comparative insulation of medical records from collateral uses, normal even a decade ago, cannot be entirely restored... Indeed, there appears to be no natural limit to the potential uses of medical record information for purposes quite different from those for which it was originally collected.

- As third parties press their demands for access to medical record information, the concept of consent to its disclosure, freely given by the individual to whom the information pertains, has less and less meaning.

- Although the content of a medical record is becoming harder to control at the same time that the number and kind of decisions in which it figures is growing, it is still rare for an individual to be allowed to see, much less copy, a medical record pertaining to himself or to check the accuracy, timeliness, or completeness of the information it contains.

- There are steps that can and should be taken: (a) to improve the accuracy, timeliness, and completeness of the information in a medical record; (b) to enhance the patient's awareness of the content and uses of a medical record about himself; and (c) to control not only the amount and type of information that is disclosed to other types of users, but also the conditions under which such disclosures are made.

The report of the Privacy Protection Study Commission has aroused concern and has prompted recognition of the need to preserve the confidentiality of medical information. Under the leadership of the American Hospital Association and the American Medical Record Association, hospitals throughout the country have implemented or are in the process of implementing voluntary programs that indeed meet the requirements of the Privacy Act as well as the recommendations of the Privacy Protection Study Commission. It is hoped, however, that further legislation, bureaucracy, monitoring, and compliance mechanisms will not be imposed upon hospitals in the immediate or in the foreseeable future.

Note: This article is a condensation of an article entitled "Privacy Commission Report Contains Serious Flaws," published in *Hospitals*, Journal of the American Hospital Association, January 1, 1979.

CLASS OF 1979

SELECTIONS FOR

TRAINING

This year 166 medical students participated in the National Intern and Resident Matching Program. About 45 percent of the class, 75 graduates, will participate in residency programs in Maryland area hospitals.

With the rest scattered throughout the country, perhaps one of them will be training at a hospital near another alumnus. A welcome and an offer of assistance from an older graduate always brightens the young physician's way as he starts his responsibilities and training.

Residencies in medicine were chosen by 66 graduates, surgery 26, obstetrics and gynecology 16, family practice 13, pediatrics 11, psychiatry 11, radiology 9, pathology 7, flexible 5, and one each radiology and rehabilitation medicine.

Alabama

Birmingham

U. of Alabama Medical Center
Vernon Smith, Internal Medicine

Arizona

Phoenix

Good Samaritan Hospital
Joseph Alan Rappazzo, Internal Medicine

California

Los Angeles

L.A. County-U.S.C. Medical Center
Jan Hoffman, Internal Medicine
U. of California, Los Angeles
Scott Kelley, Surgery

Orange

U. of California, Irvine
Robert Rovner, Surgery

San Diego

San Diego Naval Hospital
George Alter, Internal Medicine
U. of California, San Diego
Theodore Benderev, Surgery

San Francisco

Letterman Army Medical Center
Timothy Low, Flexible
Mount Zion Hospital
Barbara Green, Pediatrics

Stanford

Stanford University
David Bostwick, Pathology
Owen Wolkowitz, Psychiatry

Connecticut

Bridgeport

Bridgeport Hospital
Michael Smith, Flexible

New Haven

Yale-New Haven Medical Center
Henry Crabbe, Psychiatry
Kristen Zarfos, Surgery

Florida

Gainesville

U. of Florida-Alachua General
Maura Sughrue, Family Practice
William Shands Hospital
Daniel Scott Finelli, Internal Medicine

Lyndon Goodwin, Radiology
Ted Nikolaidis, Pathology
John Reeder, Pediatrics
William Richards, Surgery

Georgia

Atlanta

Grady Memorial Hospital
Thomas Volatile, Surgery

Illinois

Chicago

Michael Reese Hospital
Joanne Blum, Internal Medicine
Maywood

Loyola U. Affiliated Hospitals
Max Koenigsberg, Surgery

Indiana

Indianapolis

Indiana U. Medical Center
Owen Lee, Radiology

Louisiana

New Orleans

Charity Hospital
Peter Godfrey, Obstetrics & Gynecology

Maryland

Baltimore

Baltimore City Hospitals
Bradley Bender, Internal Medicine
Adam Blacksin, Medicine-Primary Care

Robert Means, Surgery
David Siegel, Internal Medicine
Mary Stracke, Internal Medicine
Johns Hopkins Hospital
Elizabeth Laposata, Pathology
Roy Levitt, Internal Medicine
William Tarr, Obstetrics &

Gynecology
Lawrence Tilley, Obstetrics & Gynecology

Maryland General Hospital

Steven Brown, Flexible
James Cockey, Internal Medicine
Michael Hull, Internal Medicine
Eugenio Machado, Internal Medicine

George Malouf, Internal Medicine
Craig Martin, Internal Medicine
Mercy Hospital

Jeffrey Gaber, Internal Medicine
Scott Henderson, Internal Medicine
Kathleen Miller, Internal Medicine
William Obrecht, Internal Medicine
Yeong Oh, Internal Medicine
Alberto Sant Antonio, Pediatrics

Saint Agnes Hospital
 Bruce McCurdy, Internal Medicine
 Steven Tucker, Obstetrics & Gynecology
 Samuel Williams, Pediatrics
Sheppard Pratt Hospital
 Frank Neild, Psychiatry
Sinai Hospital
 Arthur Bakal, Internal Medicine
 Marilyn Bennett, Pediatrics
 Burt Feldman, Internal Medicine
 Steven Joffe, Obstetrics & Gynecology
 Robert Levin, Internal Medicine
 Zena Levine, Obstetrics & Gynecology
 Polly Steinberg, Surgery
Union Memorial Hospital
 David Berliner, Internal Medicine
 Alan Gaby, Internal Medicine
 Charles Highstein, Surgery
 Alan Kimmel, Internal Medicine
 Richard Lebow, Internal Medicine
 Jeffrey Schuldenfrei, Internal Medicine
 Thomas Vincent, Obstetrics & Gynecology
 Jerald Ward, Internal Medicine
 Harold R. Wright, Surgery
 Yael Yokel, Internal Medicine
University of Maryland Hospital
 Bruce Behounek, Medicine-Primary Care
 Mary Pamela Beusch, Obstetrics & Gynecology
 Karen Carroll, Medicine-Primary Care
 Louis Cohen, Surgery
 Christine Commerford, Family Practice
 Lois Conn, Psychiatry
 Kevin Cooke, Surgery
 Scott Friedman, Internal Medicine
 Robert Goralski, Family Practice
 Joyce Gros, Internal Medicine
 Thomas Haywood, Internal Medicine
 Barton Hershfield, Family Practice
 Jerry Hunt, Medicine-Primary Care
 Stephen Izz, Family Practice
 Evelyn Jackson, Internal Medicine
 Wayne McWilliams, Surgery
 Sunday Morgan, Psychiatry
 Russell Moy, Obstetrics & Gynecology
 Linda Oaks, Obstetrics & Gynecology

Howard Popkin, Obstetrics & Gynecology
 David Prince, Internal Medicine
 Bruce Rosenberg, Internal Medicine
 Gerald Scallion, Surgery
 Dorothy Snow, Internal Medicine
 Harry Sponseller, Surgery
 Nelson Stone, Surgery
 Susan Strahan, Psychiatry
 Elizabeth Tso, Obstetrics & Gynecology
 John Weigel, Medicine-Primary Care
 Arthur Woodward, Surgery



Bethesda
Bethesda Naval Hospital
 Paul Ginnandrea, Flexible
Cheverly
Prince Georges General Hospital
 Michael Berard, Internal Medicine
 Mark Parkhurst, Internal Medicine

Massachusetts
Boston
Boston City Hospital
 Gregory Barber, Internal Medicine
 Caroline Johnson, Internal Medicine
 Martin Joyce-Brady, Internal Medicine
 Deborah Shipman, Pediatrics
Boston U. Affiliated Hospitals
 Barbara Horner, Psychiatry
Massachusetts General Hospital
 Nancy Crooker, Psychiatry

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Detroit
Wayne State U.
 Stuart Wiener, Internal Medicine

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 Gary Friedman, Internal Medicine
New York City
Bronx Municipal Hospital Center
 Albert Jochen, Internal Medicine
Mount Sinai Hospital
 Frederick Kaye, Internal Medicine
 Harlan Weisman, Internal Medicine
Rochester
Strong Memorial Hospital
 Bernard Kovlovsky, Radiology
 Bruce Marshall, Internal Medicine
White Plains
New York Hospital
 Steven Pearlman, Pathology

North Carolina
Chapel Hill
North Carolina Memorial
 Gary Bawtinhimer, Psychiatry

Ohio
Akron
Childrens Hospital of Akron
 Rebecca Umbach, Pediatrics
Cleveland
Case Western Reserve U.
 Mark Fisher, Radiology
Youngstown
Youngstown Hospital
 William Becker, Surgery

Pennsylvania
Altoona
Altoona Hospital
 John Symons, Family Practice
Danville
Geisinger Medical Center
 Michael Kwalyshyn, Family Practice
Philadelphia
Hospital of the U. of Pennsylvania
 Walter Moore, Anesthesiology
Medical College of Pennsylvania
 Glenn Koteen, Internal Medicine

Thomas Jefferson U.
Christopher Formal, Medicine-
Rehab.

Melissa McDiarmid, Internal
Medicine

Pittsburgh

Hospitals U. Health Center
David Auerbach, Radiology

Robert Dorr, Pediatrics

Mercy Hospital

Anthony Scialdone, Surgery

Gerald Zubkoff, Pediatrics

Williamsport

Williamsport Hospital

David Tapper, Family Practice

York

York Hospital

Leon Gibble, Internal Medicine

James Tegler, Flexible

Rhode Island

Providence

*Brown U. Affiliate-Rhode Island
Hospital*

Michael Gorbach, Surgery

South Carolina

Charleston

*Medical Center Hospitals of
South Carolina*

Flora Danisi, Surgery

Susan Levy, Internal Medicine

Eric Loevinger, Radiology

Tennessee

Knoxville

U. of Tennessee

George Nichols, Surgery

Nashville

Vanderbilt U.

Mark Rosenthal, Surgery

Texas

Bexar

Lackland Air Force Base

Medical Center

Bruce Koehler, Medicine

Dallas

U. of Texas-S.W.

Perri Laverson, Obstetrics &
Gynecology

Houston

Baylor College

Mitchell Finkel, Internal Medicine

Mary Carolyn McKay, Psychiatry

Virginia

Newport News

Riverside Hospital

Philip Barr, Family Practice

Washington, D.C.

Andrews Air Force Base

Arthur Hansman, Family Practice

Kevin St John, Family Practice

Childrens Hospital

James Karesh, Pediatrics

David Nagle, Pediatrics

Georgetown U. Hospital

Louis Mandris, Surgery

Radames Sierra, Internal
Medicine

Erik B. Young, Obstetrics &
Gynecology

George Washington U. Hospital

Larry Baglum, Pathology

Kwok-Cheung Luke Li, Radiology

Washington Hospital Center

David Blass, Internal Medicine

Donna Hurlock, Obstetrics &
Gynecology

Edward Tyson, Internal Medicine

Walter Reed Hospital

Franklin Crane, Obstetrics &
Gynecology

Thomas Hudson, Radiology

Richard Marsella, Pathology

West Virginia

Charlestown

Charlestown Medical Center

Richard Braun, Internal Medicine

Clarksburg

United Hospital Center

Stephen Mosberg, Family
Practice

Louis Ortenzio, Family Practice

Morgantown

West Virginia U. Hospitals

John Chapman, Internal
Medicine

Wisconsin

Madison

University Hospitals

Barbara Loevinger, Psychiatry



Members of the Class of 1979 attending banquet held recently in connection with Medical Alumni Association's annual reunion activities.

PRESIDENT'S MESSAGE

Virginia Huffer, M.D.



Photo by Scott Shumaker

It is an honor and a privilege to be the president of the Medical Alumni Association of the University of Maryland. As most of you are aware, the members of the Association have become more active in the past several years. Previously, the annual reunions and the publication of the BULLETIN were the primary functions.

New activities have been developing. Davidge Hall, which was so much a part of student life for most of us, is currently undergoing extensive renovation and will become a museum. The initiative for this started with the Alumni Association. Dr. George H. Yeager is showing his usual strong and dedicated leadership in carrying out the project. We will all be justly proud of this building which has been designated as a National Historic Place.

Only during the last few years has the Association become active in raising funds to benefit the School of Medicine. How we could have been so inactive in this area is problematical. I believe that it is with increasing pride, as alumni of the University of Maryland School of Medicine, that this development has taken place. Through our fund-raising efforts we can both strengthen the quality of education offered by the school and at the same time have more influence on its operation. At this time, the mechanics of fund raising are under discussion.

We are fortunate to have Dr. John Dennis as Dean and Vice-Chancellor for Health Affairs. As a fellow alumnus, Dean Dennis recognizes the importance of the Alumni Association and gives his full endorsement. I am sure he can count on all of us to support him through our activities in the Association.

The Officers and Board of Directors carry the responsibility for most of the alumni activities. A consistent core for the organization has been in the persons of Dr. William J.R. Dunseath and Dr. John F. Strahan, who have served in various capacities for 10 and 7 years respectively. We all owe them our gratitude and thanks. I am sure they will continue to be active and will be valuable advisors to the current officers.

Most of the officers as members of the Board of Directors come from the Baltimore-Washington, D.C. area. I would like to acknowledge the fact that Dr. Benjamin Stein, both as vice president and a member of the board, travels regularly from New York to attend the bimonthly meetings. In addition, Dr. Aaron Feder from New York and Dr. Eli Galitz from Florida, both vice presidents, frequently attend. Their contributions are greatly appreciated.

The Association is particularly fortunate to have Mrs. Jean Goral as Director of Alumni Affairs. She remembers everything, both the large and small aspects of the operation. During the past year she has worn two hats, that of office director and of fund raiser. All organizations should be so fortunate. The dedication of Jean and her staff makes the work of the officers relatively easy.

I look forward to serving as the president of the Medical Alumni Association during the coming year. The accomplishments of the organization during the past year, under the presidency of Dr. Robert Singleton, have been outstanding. We are going to have to work hard to maintain or exceed this record. I welcome any comments and suggestions from the over 2,300 active members. I am sure that I can depend upon you for interest and support.

CLASS OF 1929 MARKS HALF-CENTURY IN MEDICINE

Nostalgia prevailed as some twenty physicians of the class of '29 gathered during Alumni Week to reminisce, compare career accomplishments and enjoy the golden anniversary of their graduation from the University of Maryland School of Medicine. Dr. William J. Sullivan and his committee planned a full program compatible with the significance of the occasion. Biographical information was gathered from these alumni. Unfortunately, data were unavailable on a few of the class members, but the biographies summarized here document the long and outstanding service that these graduates have given to medicine and their communities. We take pride in these alumni and pay them honor for their accomplishments.

Silvio A. Alessi is semi-retired from the practice of obstetrics and pursues hobbies in photography, travel, and reading. Dr. Alessi and his wife, Louise, reside in Timonium, Maryland and have two children.

Joseph H. Ackerman resides with his wife, Mary, in White Plains. He conducts an active practice in general medicine in Bronx, New York. The Ackermans have two children, Albert and Judith, and seven grandchildren.

Max Brahms actively practices family medicine in Brooklyn, New York. Dr. Brahms and his wife, Celia, have a son.

Selig L. Brauer limits his practice in gynecology and has published in the Journal of the New Jersey Medical Society. Dr. Brauer resides with his wife, Gertrude, in Jersey City, New Jersey. The Brauers have three children, Karen, Charles, and Michael, who is also a physician.

Earl L. Chambers trained in Baltimore where he still actively practices internal medicine. He published on methyl salicylate poisoning with Dr. Pincoffs. Dr. Chambers and his wife, Dorothy, have two children and eight grandchildren who provide the stimulus for his interest in photography. Dr. Chambers enjoys traveling and collecting carved wooden birds.



Jacob H. Conn, a Baltimore psychiatrist, has to his credit 102 publications on psychotherapy, child psychiatry and hypnosis. He is engaged in researching the history of psychiatry and collects books on early hypnosis. Dr. Conn and his wife, Beatrice, have two daughters, Rosalind Cohen and Margaret Himelfarb.

Joseph N. Corsello has retired from active practice in internal medicine and resides with his wife, Anna, in Providence, Rhode Island. The Corsellos have two sons and look forward to retiring to Port Saint Lucie, Florida.

Henry C. Fattel, a retired ophthalmologist, resides in Teaneck, New Jersey with his wife, Alice. The Fattels have two children, Lewis and Stephen.

Emanuel Feit and his wife, Caroline, reside in Yonkers, New York. The Feits have two daughters, Barbara Friedman and Judith Platt. Dr. Feit is head of allergy services at Montefiore Hospital and North Central Bronx Hospital, as well as chief of the allergy clinics at both hospitals. Publications include collaborative, with Dr. Marion B. Sulzberger, papers on tobacco hypersensitivity, and papulo necrotic tuberculide and tuberculin menyie. In his spare time, Dr. Feit enjoys photography and fishing.

Jesse Showalter Fifer, retired from pediatrics and otorhinolaryngology, resides in Frederick, Maryland with his wife, Mary. They have five children, Rogina, Jay, Rachel, Rebecca and Robin. Dr. Fifer, along with hunting, fishing, gardening and reading, is active in clock-making.

J. Savin Garber practices general medicine in Jamaica, New York. Dr. Garber and his wife, Syd, have two daughters, Elaine Vogel and Judith Ziet.

David Givner resides and practices internal medicine in Wichita, Kansas. He is assistant professor of medicine at Wichita State University. His publications have been related to amoebic infection of the liver and bronchogenic carcinoma. He and his wife, June, have two children, Harriet Givner Rosow and Nathaniel Givner, Ph.D.

Sascha Facchetti Guiglia practices in Los Angeles, California, specializing in surgery and general medicine, as well as nuclear cancer research. He has published numerous papers on cancer. Dr. Guiglia has a daughter, Natascha, and interests involving oil painting, engraving and sculpture.

Leroy Savin Heck is a trustee and honorary director of surgery at North Westchester Hospital. In 1974, he received the Citizen of the Year Award in Mount

Kisco, where he resides. He was one of the founding members of the University of Maryland Surgical Society. He and his wife, Iram, have two children, Leroy S. Heck, Jr. and Dr. Susan Heck-Schement. Dr. Heck's personal interests are numismatics and reading.

Abraham Jacobs was active in the United States Medical Corps, separating as major in 1946, when he joined the staff at the Veterans Administration Hospital in New York City. He retired from the staff in 1975. Currently he is involved in private practice and community activities.

Benjamin Horton Kendall specializes in cardiology in Shelby, North Carolina. He and his wife, Ruby, have two sons, William and James.

Ernest Levi, a Baltimore internist until 1950, pursued his interest in psychiatry and entered private practice in 1953. He was staff psychiatrist at the Seton Institute until 1965 and was associated with mental health clinics in Harford and Baltimore counties until 1968. He resides with his wife, Edith, in Baltimore. Dr. Levi pursues gardening and music in his leisure.

Walter Howard Levy now resides in Bon Air, Virginia after practicing anesthesiology in New York, Baltimore and Richmond. At the present, he is engaged in didactic teaching and has published papers and reports. Dr. Levy and his wife, Eunice, have two children, Brenda Joan and Alan Howard. In his leisure time, Dr. Levy is involved with his interests in music, photography and mechanics.

Irving I. Lynn practices internal medicine in Jersey City, New Jersey where he resides with his wife, Annette. He is clinical instructor in medicine (inactive) at the New Jersey Medical School and serves on the staffs of several area hospitals. The Lynns have two children, Susan and Matthew.

Roy H. McDowell is in family practice in Belmont, North Carolina where he resides with his wife, Kathryn. The McDowells have two children, Harold C. and Charles L. who is also a physician.

Finley Frederick Neuman is in general practice in Cleveland, Ohio where he lives with his wife, Geraldine. The Neuman's personal hobbies include antiques and travel.

Saul C. Newman specializes in otolaryngology in Amityville, New York. He and his wife, Henriette, reside in Massapequa, New York. Dr. Newman published in the *Annals of Surgery* September, 1946: "Management of Injuries to Stensen's Duct"

Lewis M. Overton is chief of orthopedic service at the Veterans Hospital in Albuquerque, New Mexico and retired in 1973 as a clinical professor of orthopedic surgery at the University of New Mexico School of Medicine. He is credited with numerous publications. Dr. Overton resides in Albuquerque, New Mexico, with his wife, Helen, and pursues interests in golf, hunting, fishing and gardening. The Overtons have three children, Nancy, Mary and Lewis, Jr.

Maurice Coleman Porterfield retired from general practice and resides in Hampstead, Maryland with his wife, Naomi. They have one son, Richard. In his retirement, Dr. Porterfield enjoys golf, travel, bicycling, fishing, reading, photography and playing the organ.

Morris B. Schreiber practices general medicine in Baltimore. Dr. Schreiber was widowed in 1976 and has one daughter, Elaine. In addition to enjoying "everything about life," Dr. Schreiber has interests in bridge, music, reading and art.

Lawrence M. Serra is a retired internist. He is credited with a publication related to transient pulmonary eosinophilia. He and his wife, Clara, reside in Baltimore; they have two daughters, Claire and Jean.

Albert A. Soifer is active, on a part-time basis, in dermatology in New Bedford, Maine, where he resides. The Soifers have four children, Lawrence, Natalie, Keith and Adelyn. Music and reading are his avocational interests.

W. Glenn Speicher is in general practice at Westminster, Maryland, where he resides with his wife, Mary Elizabeth. They have four children, Mary (a registered nurse), Alice Blubaugh, Sarah Booth and W. Glenn, Jr. (an attorney). Dr. Speicher's favorite hobby is golf.

Charles C. Stevenson practices pediatrics in Oakland, California. He and his wife, Irene, have two sons, Charles, Jr. and Robert Alan. Dr. Stevenson considers pediatrics so interesting and enjoyable that he also counts it as a hobby.

Charles V. Taylor retired as a psychiatrist in December 1978, having been primarily associated with institutions. He remains active in promoting community self-help groups. For leisure activities he pursues swimming, bridge and corresponding with relatives and former patients. The Taylors reside in Baltimore and have three children, Mary, David and Joan.

Rafael A. Vilar has retired from the practice of gynecology and obstetrics. He was associated with the Department of Health in Puerto Rico in addition to his private practice in San Juan where he resides with his wife, Ana Elisa. They have two sons, Rafael and Ramon. Dr. Vilar is active in civic and fraternal organizations. He is a Founding Fellow of the American College of Obstetrics and Gynecology. He founded the Ob-Gyn section of the Puerto Rico Medical Association, of which he has been secretary. His publications have been related to toxemias of pregnancy, prenatal care in Puerto Rico and a history of midwifery of Puerto Rico. As extracurricular activity, Dr. Vilar is a philatelist.

George H. Yeager is a retired surgeon, having practiced in Baltimore. He is credited with more than 70 publications and is retired from the directorship of both University of Maryland and Union Memorial Hospitals. Dr. Yeager for many years was Editor of the BULLETIN. At the present, he is serving as chairman of the Davidge Hall Restoration Committee. Dr. Yeager and his wife, Dorothy, reside in Crownsville, Maryland and have three children, Anne, Barbara and George. Dr. Yeager enjoys gardening in his leisure.

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ROBERT E. WISE RECEIVES HONOR AWARD AND GOLD KEY



Photo by Fabian Bachrach

Robert Edward Wise '43 was recipient of the 1979 University of Maryland Medical Alumni Association Honor Award and Gold Key. Robert T. Singleton '53, president of the Association, made the presentation at the annual award banquet on May 29, 1979.

The award is made annually to an alumnus who has become distinguished by "outstanding contributions to medicine and distinguished service to mankind"

A prominent radiologist, Dr. Wise has held several positions of distinction in radiology including chairman of the Board of Chancellors and president of the American College of Radiology, president of the Radiological Society of North America, president of the Massachusetts Radiological Society, president of the American Association of Clinical Radiologists, president of the Eastern Radiological Society, and president of the New England Roentgen Ray Society. While still active in the clinical practice of radiology, he now serves as chief executive officer and chairman of the Board of Governors of the Lahey Clinic Foundation. His contributions to radiology are documented by scores of clinical and research reports in refereed journals which have introduced new techniques and improved diagnostic interpretation. Dr. Wise is the editor or author of several texts on cholangiography as well as a movie on the subject.

Dr. Wise, national chairman for the 1978-79 Medical Alumni Association Annual Giving program, was instrumental in launching a vigorous program to obtain funds for the medical school.

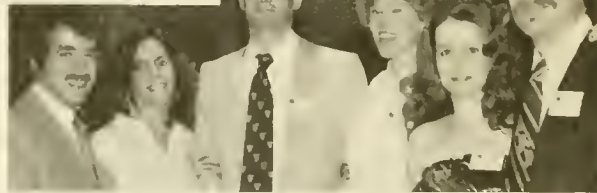
The attractive and spacious arboretum on the second level of the Medical School Teaching Facility, site of the cocktail reception, provided a perfect setting for the 300 alumni and guests to renew old acquaintances and enjoy food and drink. Due to extensive restoration work in progress at Davidge Hall, all on-campus reunion activities took place at this new facility.



Phillip H. and Lillian Lerman, Allen C. and Joan Wooden, Louis J. Pratt, Jr.—all class of '44



J. Walter Smyth, John E. Gessner, John J. McGonigle, Daniel Welliver, Charles J. Hammer, Karen Stangbye, Patricia Smyth, Thorlief L. Stangbye, Robert H. Ellis—all class of '54



Edward L. and Susan Perl, Andrew M. and Anne London, Bruce L. and Jean Regan—all class of '74



George and Selina Baumgardner '57, Elizabeth Acton and James R. Karns, both '43



Class of '34—Samuel Diener, John E. Echols, Helen F. Maginnis, William L. Fearing, Adelaide and Robert F. Healy, Olin C. Moulton, L. William Howard, Andrew and Anne Taylor, Richard and Laura Mirow



Charles C. Edwards '68, Alasdair Conn, Faculty-MIEMS, John
Kenzora, Faculty-Orthopedics, David Boyd



Maryland grads, practicing in Puerto Rico, return for reunion. Ramades Sierra, a '79 graduate, Rafael A. Vilar '29 and Miguel Perez-Arzola '54. Dr. Vilar's son, a hospital administrator, accompanied his father



John M. Dennis '45, Yvonne Wise, Mary Helen Dennis, Robert E. Wise '43



Morton I. Rapoport '60, Rosalie Rapoport, Benjamin F. Trump, faculty, Pathology, Elizabeth Trump, Aubrey D. Richardson '51, Merrill J. and Muriel Snyder, Mary L. Oster-Granite and John D. Gearhardt, both Faculty-Anatomy

Ronald J. Taylor '73, Jane Morningstar, George Morningstar '55, Dina Ehrlich, Daniel Ehrlich '43, Harriett Galitz, Eli Galitz '43



Theodore E. Woodward '38, Robert G. Smith, Virginia L. Carter, Herbert Berger '32, Sylvia Berger, H. Leonard Warren '38, Margaret Warren

Mr. & Mrs. Richard J. O'Neill, Dr. & Mrs. Samuel H. Hoover, Mr. & Mrs. Paul Moss, Hanne and Eva Lundsager



Following a continental breakfast on Wednesday morning, May 30, opening exercises were conducted in the lecture hall of the teaching facility. Dr. Singleton, in his opening remarks, noted several "firsts": the first time the lecture hall (auditorium) had been used, the first CME Refresher Course in conjunction with alumni day, and the first woman as president of the Association.

Dr. Albin O. Kuhn, Chancellor of the University of Maryland at Baltimore, commented on the progress in restoring Davidge Hall, on the plan to expand the Baltimore campus which will eventually cover 40 acres, on the educational training in the individual schools of UMAB, especially the School of Medicine.

Dr. John M. Dennis welcomed the 25 and 50-year reunion classes and briefed the alumni on admission data, projected plans for departments in the School of Medicine, new outreach programs and the new geriatric clinic at the Deaton Medical Center in Baltimore's inner harbor. Dr. Dennis also described the new Veterans Administration facility which is to be constructed on Green Street, adjacent to University of Maryland Hospital, and which will provide 400 additional beds. Dr. Dennis concluded his remarks with an expression of appreciation to the Alumni Association for the help given the School of Medicine.

Certificates of appreciation were awarded to 58 members of the Class of 1954. Assisting with the presentations were Class Captain, Dr. J. Walter Smyth and Mrs. Jean D. Goral, Director of Alumni Affairs.



Dr. Cyrus L. Blanchard announced the endowment by Dr. Bernard S. Kleiman for a lectureship in his name. Following Dr. Kleiman's comments, a memento of the occasion was presented.

Before concluding the annual business meeting, the following officers and members of the board of directors were elected:

- | | |
|----------------------|-----------------------------|
| President | Virginia Huffer '50 |
| President elect | Raymond J. Donovan '58 |
| Vice Presidents | Joseph B. Ganey '45 |
| | Wilson A. Heefner '60 |
| | Herbert Lapinsky '39 |
| Secretary | Bernard S. Karpers, Jr. '62 |
| Treasurer | James E. Taylor, Jr. '58 |
| Members of the Board | Ronald J. Taylor '73 |
| | James H. Frenkil '37 |
| | Daniel Ehrlich '43 |
| | George Morningstar '55 |

Following a tour of the medical school and a complimentary luncheon, 81 alumni attended the first annual postgraduate refresher course. The course, *Cancer Research: The Key to Cancer Treatment*, with CME credit, was incorporated in the reunion activities at the suggestion of Dr. Nathan Schnaper, Chairman of Alumni Day.





The reception and banquet at the Baltimore Hilton Hotel was attended by approximately 600 people, including 215 guests from the class of 1979. The 50-year class members were escorted to their tables by members of the board of directors. The Honor Award and Gold Key was presented to Dr. Robert E. Wise. Members of the Class of 1929 were individually recognized with certificates honoring their 50 years of service to medicine. Dr. Gaby assisted Dr. Singleton with the presentations and made remarks on behalf of the class.

The evening concluded with a skit written by Alan Gaby and dancing to the orchestra of Mel Scherr.

During the reunion activities, 253 members registered, which is the largest attendance on record. Alumni traveled from all parts of the country, including California, Washington, Florida, Massachusetts, Puerto Rico and Alaska and uniformly expressed their enjoyment and intention of returning to future reunions.



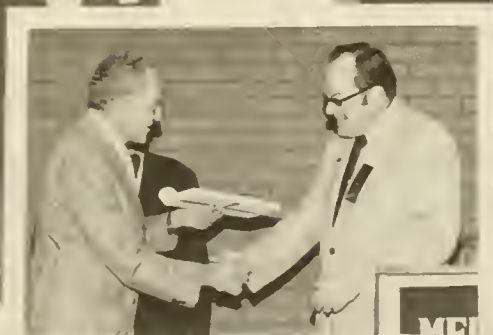
Class of '79 presents satirical revue of med school years



William J.R. Dunseath '59 and John F. Strahan '49 are recognized for their efforts on behalf of the Association



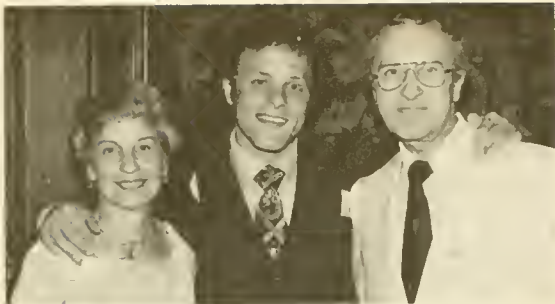
Dr. Singleton presenting Honor Award and Gold Key to Robert E. Wise '43



Bernard S. Kleiman '39 is recognized following announcement of endowed lectureship



Alan Gaby '79 awarding 50-year certificate to Benjamin H. Kendall '29



Alan Gaby (president of the '79 class) with parents Dr. & Mrs. Samuel D. Gaby '46

Many of our alumni
were justifiably proud
of their children
who graduated in this
year's class.

The BULLETIN
congratulates
them!



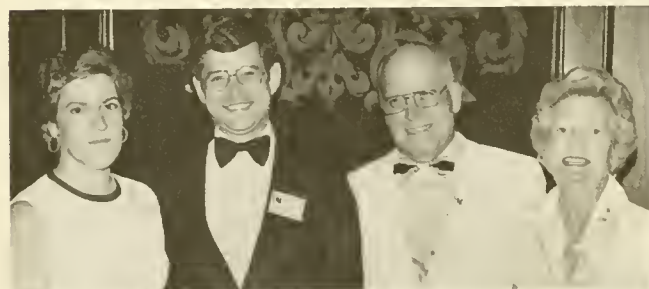
Dr. & Mrs. Clarence E. McWilliams, Jr. '46 pose proudly with son, Wayne, a '79 graduate, and daughter-in-law, Janice.



Dr. & Mrs. William H. Mosberg, Jr. '44 and son, Stephen, a recent graduate



Arthur Woodward '79 and wife with parents Dr. & Mrs. Arthur Woodward '45



Dr. & Mrs. John A. Mitchell '46 pictured with son-in-law, H. Russell Wright, Jr., a '79 graduate, and daughter, Judith



Susan Strahan '79 with parents, Dr. & Mrs. John I. Strahan '49

The Drs. Pearl H. '41 and Roy O. Scholz and son, Richard, a recent graduate

Ms. Evelyn Marx, Arthur Bakal '79 with his parents Dr. & Mrs. David Bakal '52.



1930's

Leo M. Meyer '31 is chief of the National Veterans Administration Sickle Cell Screening and Education Program located at the Veterans Administration Extended Care Center in St. Albans, New York.

John Z. Bowers '38 was praised in an editorial appearing in the Winter 1979 issue of *The Pharos*, the official publication of the Alpha Omega Alpha Honor Medical Society as he completed his second term as a member of the society's board and his tenth year as the society's president. Dr. Bowers, president of the Josiah Macy, Jr. Foundation, was cited particularly for initiating the video taped oral histories of contemporary leaders in American medicine and the AOA visiting professorships.

1940's

Kenneth Krulevitz '41 has received board recertification in the American Academy of Family Physicians as well as recertification as a Diplomate of the American Board of Family Practice for the period 1978-85.

Donald L. Courtney '43 has been named to the Oregon State Board of Medical Examiners. Dr. Courtney resides in Reedsport, Oregon, where he has been in private practice since 1949.

Michael R. Ramundo '44 was honored by the American Heart Association for his outstanding community service in the field of thoracic and cardiovascular surgery. He is a Diplomate of the American Board of Surgeons and of the American Board of Thoracic and Cardiovascular Surgeons. He is a fellow of the American College of Surgeons and of Chest Physicians. Dr. and Mrs. Ramundo reside in Clifton, New Jersey and Dr. Ramundo is on the staff of Passaic General Hospital.

Nathan Schnaper '49 has been named president-elect of the Maryland Psychiatric Society.

1950's

James Teeter '54 and his wife were recognized for their annual medical missionary work in the Third World. Each year they work as volunteers for a month or two at missions in Africa, the Far East, South America or the South Pacific giving medical care to people in underdeveloped areas.

Leonard J. Morse '55 was honored in a recent editorial in the *Worcester Medical News* on completing his presidency of the Worcester District Medical Society. The editorial concludes as follows: "Sometimes organizations have difficulty in accepting an action-oriented person for a leadership role. It is to the Worcester District Medical Society's credit that this did not happen in their election of Leonard J. Morse as President 1978-79." Dr. Morse's accompanying editorial, entitled "Meet Mary B. - An Anecdote," decrying the changing face of health care systems, attests to his action orientation.

Richard G. Farmer '56 has been elected to the presidency of the American College of Gastroenterology. He is also chairman of the division of medicine at the Cleveland Clinic Center.

Donald Reid McWilliams '59 recently was elected to fellowship in the American Academy of Family Physicians. Dr. McWilliams is in private practice in Cambridge, Maryland.

1960's

Louis R. Caplan '62 has been appointed chairman of the department of neurology, Michael Reese Hospital and Medical Center and associate professor of neurology, University of Chicago, Pritzker School of Medicine. Dr. Caplan has been associate chief of neurology, Beth Israel Hospital, Boston and on the faculty of the Harvard Medical School since 1970.

Roger C. Harris '68 has been named chief of psychiatry at the Anne Arundel General Hospital, Annapolis, Maryland, and has relocated his office to 8 Willow Street, Annapolis.

1970's

The Wagner College Alumni Association Achievement Award was presented to **Arthur O. Anderson '70** for outstanding accomplishments in his profession. Dr. Anderson graduated from Wagner College in 1966 and is an investigator at the U. S. Army Medical Research Institute of Infectious Diseases, Frederick, Maryland.

James E. Mouldsdale '71 is in private practice of urology with offices in the Village of Cross Keys, Baltimore, Maryland. He was recently certified by the American Board of Urology. Dr. Mouldsdale and his wife, the former Margaret Jane Hareth, are proud parents of a son, James Mark.

John Niziol '72 is in private practice in pediatrics in Clifton, New Jersey, and is certified a Fellow in the American Academy of Pediatrics and a Diplomate of the American Board of Pediatrics. He is chairman in the department of pediatrics at St. Mary's Hospital, Passaic, New Jersey, and is secretary of the Executive Board at Passaic General Hospital.

Robert T. Liberto '76 was appointed chief resident in medicine for the academic year 1979-80 at Maryland General Hospital, Baltimore. He served his internship and first and second year medical residencies at Maryland General. A native of Baltimore, Dr. Liberto resides in Cockeysville, Maryland, with his wife, the former Becky Hill, and son, Joseph.

Diehl M. Snyder '77 has received a graduate training grant awarded by the American Academy of Family Physicians. Dr. Snyder is a family practice resident at the Milton S. Hershey Medical Center, Hershey, Pennsylvania.

Norman W. Taylor '70 was elected as a Fellow of the American College of Obstetricians and Gynecologists. He served as staff physician at the U. S. Navy Regional Medical Center, Camp LeJeune, NC after his internship and residency at the U. S. Navy Regional Medical Center, Philadelphia, PA. Presently he is in private practice in Beckley, West Virginia where he is chief of obstetrics and gynecology at the Beckley Appalachian Regional Hospital.

New Head of Physiology Arrives

Dr. Mordecai P. Blaustein has been appointed as chairman of the Department of Physiology with the retirement of Dr. William D. Blake on July 1, 1979. Dr. Blaustein comes to the University of Maryland School of Medicine from Washington University School of Medicine in St. Louis where he was professor of physiology and biophysics and where he received, in 1962, his doctorate in medicine. His internship in internal medicine was served at the Boston City Hospital after which he entered the navy and was assigned to the U. S. Naval Medical Research Institute in Bethesda. On leaving the service in 1966, he became NIH special fellow at the Physiological Laboratory of the University of Cambridge, England.

Since the completion of that 2-year fellowship, Dr. Blaustein has been on the faculty of Washington University School of Medicine. Besides an active teaching role, he has had a most productive research career with the major concerns being the transport and control of cell calcium in nerve and muscle and the function of this divalent cation in secretion and contraction including the regulation of vascular tone.

He plans to foster a quality research program in the Department of Physiology which will capitalize on the faculty strengths in cell membrane physiology and neuro- and endocrine



Photo by Leonard Frank

physiology. He states that he sees a need for student and graduate training programs and research, interdisciplinary and encompassing the neurosciences and cardiovascular, renal, reproductive, endocrine and membrane biology, both basic and clinical.

Dr. Blaustein has varied avocational interests in photography, the history of physiology and medicine (he is proud of his modest collection of medical antiquarian books), the theater, music, visual arts, literature and actively participates in downhill skiing, racket ball and tennis. His wife, Ellen, shares many of these activities and, in addition, is an education coordinator in educational research. They have two children, Laura, aged 18, who is a sophomore at Washington University and Marc, 16, who will enter his senior year of high school. We welcome the Blausteins to Maryland.

Biochemistry Headed by Dr. Adil Shamoo

Dr. Adil Shamoo was selected as the new chairman of the Department of Biochemistry to replace Professor Elijah Adams, now retired. Dr. Shamoo obtained his Bachelor of Science in physics from the University of Baghdad, Iraq, in June 1952. He earned a Master of Science under a graduate fellowship grant from the Department of Engineering Physics, University of Louisville in January, 1966. Dr. Shamoo received his doctorate in September, 1968 from the City University of New York. He subsequently became an instructor in the Department of Engineering Physics, University of Louisville, Kentucky, then moved to the Department of Biophysics at Mount Sinai Graduate School of Biological Sciences in New York. In 1973 he became an assistant professor (in 1978 professor) in the Department of Radiation Biology and Biophysics at the University of Rochester, School of Medicine and Dentistry.



Photo by Leonard Frank

Dr. Shamoo is a member of many professional societies, Phi Kappa Phi, Sigma Pi Sigma and Sigma Xi, to name a few, and of many important committees at the National Institutes of Health. He has edited many books and reviews as well as being the editor and organizer of a most successful symposium entitled "Carriers and Channels in Biological Systems" published by the New York Academy of Sciences. Dr. Shamoo has had over fifty papers published, among them the isolation and identification of a molecule involved in the transport of calcium in mitochondria. Dr. Shamoo is an authority on calcium transport and on factors that couple with this ion in tissue such as sarcoplasmic reticulum and organelles such as mitochondria. Dr. Shamoo is recruiting several members for the Department of Biochemistry, most of whom are young and active investigators.

The Search Committee for Biochemistry, the Executive Committee and the School of Medicine Council, who selected Dr. Shamoo by

unanimous vote, looked upon him as a highly promising scientist responsible for many important studies on membrane reconstitution and calcium transport.

The school welcomes Dr. Adil Shamoo.

Appointments and Promotions

Professor: James C. Allen, M.D. in Medicine

Adjunct Associate Professor: Dennis T. Burton, Ph.D. in Pathology

Assistant Professor: James R. Murphy, Ph.D. in Microbiology; Earl Victor Long, D.D.S. as director of Maryland Medical Education and Training System in the Office of Vice Chancellor for Health Affairs; Robert A. Hartley, M.D. in Medicine; Kenneth L. Harkavy, M.D. in Obstetrics-Gynecology; Ronald L. Guterlet, M.D. in Obstetrics-Gynecology; Juan L. Granados, M.D. in Pediatrics; Mouta Dilaimy, M.D. in Medicine; Thomas R. Gadacz, M.D. in Surgery; Celeste Woodward, M.D. in Pediatrics

Research Assistant Professor: Carlotta M. Sumbilla, Ph.D. in Pediatrics; Roy M. Robins-Brown, M.D. in Medicine; Robert Schwarcz, Ph.D. in Psychiatry

Clinical Assistant Professor: Lorraine L. Hunt, Ph.D. in Psychiatry; Shailaja M. Didolkar, M.D. in Obstetrics-Gynecology

Adjunct Assistant Professor: John B. DeHoff, M.D., M.P.H. in Epidemiology and Preventive Medicine.

Instructor: Shashikant S. Patel, M.D. in Surgery; Gerard J. Prud'homme, M.A. in Epidemiology and Preventive Medicine; Kathleen M. Buckley, M.S. in Pediatrics; Ira J. Berman, M.D. in Medicine

Clinical Instructor: Jan E. Grouse, M.D. in Family Medicine; Pedro Coto, M.D. in Psychiatry

Research Associate: Dipak K. Banerjee, Ph.D. in Biological Chemistry; Marcia A. Geser, M.S. in Psychiatry; Grzegorz Bartosz, Ph.D. in Biological Chemistry; Shadia El Gerzawi, Ph.D. in Pathology; Gary W. Zlotnick, Ph.D. in Biological Chemistry; Karen W. Seaton, M.S. in Pediatrics; Peter Warschawski, Ph.D. in Epidemiology and Preventive Medicine.

Associate: Constantine J. Padussis, M.D. in Surgery

Visiting Research Associate: Irene Figa-Talamanca, D.P.H. in Epidemiology and Preventive Medicine.

The first **H. Leonard Warres Lecture**, sponsored by the Department of Diagnostic Radiology, was presented by William B. Seaman, M.D., professor and chairman of the Department of Radiology at Columbia University Medical School. Dr. Seaman lectured on "Current Concepts of Esophageal Disease."

H. Leonard Warres '38, whose gift made the lecture possible, is emeritus chief of radiology at Baltimore County General Hospital where he was chief for 12 years and president of the staff, 1963-1964. He was an instructor and head of the outpatient radiology clinic at University of Maryland Hospital from 1953 to 1965. He remains on the staff at Baltimore County General and Sinai Hospitals and continues in the private practice of radiology.

The American Mental Health Foundation has given **Dr. Leon Wurmser**, professor of psychiatry and director of the alcohol and drug abuse program, their Award for Pioneering Excellence and Achievement. This award, given only once before in the 50 year history, was awarded to Dr. Wurmser for his outstanding work in drug addiction.

Chancellor Albin O. Kuhn became executive vice president of the University of Maryland on July 1, 1979. A special committee will begin a search for a successor to serve as chancellor of University of Maryland at Baltimore. In the meantime, Dr. Kuhn will serve in both roles.

Dr. Joseph E. Whitley, professor and chairman of the Department of Diagnostic Radiology, has been elected president of the National Association of University Radiologists at its May meeting in Rochester, New York.

The Department of Medicine has instituted an annual award for original research by a faculty member at or below the rank of assistant professor. For 1978-79 this award was shared by **Sudhir K. Dutta, M.D.**, and **David R. Nalin, M.D.**, both assistant professors of medicine. Dr. Dutta of the Division of Gastroenterology was honored for his work entitled "Impaired acid neutralization in the duodenum in pancreatic insufficiency" in collaboration with Dr. Robert M. Russell and Dr. Frank L. Iber.

Dr. Nalin's publication, "Cholera, non-vibrio cholera, and stomach acid" appeared in the October 21, 1978 issue of *Lancet*. Dr. Nalin's associates from the Division of Infectious Diseases and the Cholera Medical Research Laboratory were Doctors R. J. Levine, M. M. Levine, D. Hoover, E. Bergquist, J. McLaughlin, J. Libonati, J. Alam and R. B. Hornick.

The medical school recently announced the endowment of an annual lecture in memory of **Thurston R. Adams '34**, former professor in the Department of Surgery. The **Dr. Thurston R. Adams Memorial Lecture in Surgery** is being made possible by an endowment fund sponsored by the University of Maryland School of Medicine and the immediate family of the late Dr. Adams in recognition of his many contributions to the educational and service programs of the medical school and hospital. A prominent alumnus, he served on the faculty as associate professor of surgery and was also chief consulting surgeon for the Baltimore and Ohio Railroad for 35 years. An avid sports buff, Dr. Adams was a founder and charter member of the University of Maryland Terrapin Club. He also served for long periods as head of the medical school's Admissions Committee and its Credentials Committee.

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On April 26, 1979, at the age of 91, **Harry A. Bishop '12**, Macon, Georgia. Dr. Bishop served with the United States Army for 30 years and, upon retiring, joined the University of Maryland as director of student health. He established the medical facility at Army Distaff Hall in Washington, D.C. and served on the board of directors of the Army Distaff Foundation.

Everett Roy Cooper P&S '12, Troy, West Virginia, at the age of 100. For many years, Dr. Cooper worked in state mental hospitals in West Virginia, Ohio and Virginia and practiced actively for more than 50 years.

On August 18, 1978, at the age of 93, **Jay DeWitte Sharp '12**, Twentynine Palms, California. Early in Dr. Sharp's career, he built and operated an emergency hospital in the industrial section of Cleveland, Ohio. Retiring to the California desert in 1946, he still remained active and helped develop a community hospital.

On August 27, 1978, at the age of 88, **Walter Anthony Ostendorf '13**, San Antonio, Texas. Dr. Ostendorf served in the United States Army Medical Corps during both World Wars and was awarded the Bronze Star. He left active duty in 1946 with the rank of colonel.

On April 17, 1979, **John G. Thoner '19**, Wheeling, West Virginia. Dr. Thoner was a practicing obstetrician until his retirement in 1968. After a long affiliation with Wheeling Hospital, he was appointed honorary chief of the obstetrical-gynecological department in 1961. He was secretary of the Ohio County Medical Society and held membership in numerous medical societies as well as civic and fraternal organizations.

Charles Conrad Zimmerman '25, Cumberland, Maryland, at the age of 79. From 1929 until his retirement in 1958, Dr. Zimmerman engaged in the practice of surgery and was appointed Baltimore and Ohio Railroad surgeon in 1931. An outstanding athlete himself, and an exponent of sports, he was recently honored by the Dapper Dan Association in Cumberland for his contributions to athletics.

In June, 1979, at the age of 76, **Jesse R. Johnson '27**, Lewistown, Pennsylvania. Early in his career, Dr. Johnson practiced in West Virginia and Ohio. He entered general practice in 1941 and became head of the medical department of the American Viscose Corporation. Dr. Johnson retired in 1977.

On October 8, 1978, at the age of 78, **Joseph Howard Rutter '28**, Daytona Beach, Florida. One of the first to be appointed to the staff of Halifax Hospital when it opened in 1928, Dr. Rutter went on to become chief of staff. He maintained a private practice from 1937 until 1972 except for a tour of duty with the United States Navy during World War II. In 1964, Dr. Rutter was president of the Volusia County Medical Association and was dean of physicians in Volusia County at the time of his death.

In January, 1979, **Irving J. Morgan '29**, Miami Beach, Florida. Before retiring from the practice of ophthalmology, Dr. Morgan practiced in Pittsburgh, Pennsylvania.

On January 31, 1979, **Thomas F. Magovern '30**, Brielle, New Jersey. Dr. Magovern retired from surgical practice in 1972.

On January 20, 1979, at the age of 72, **Joseph F. Drenga '31**, Baltimore, Maryland. Dr. Drenga retired from general practice in 1975.

On February 27, 1979, at the age of 75, **Landon Timberlake '34**, Birmingham, Alabama. Dr. Timberlake was in the private practice of urology from 1937 until 1979. He served with the United States Army Medical Corps in North Africa and Italy from 1942 to 1946 and was a member of the faculty at the Medical College of Alabama as well as life counsellor of Jefferson County Medical Society.

On May 18, 1979, at the age of 71, **James Earl Kadan '37**, Washington, D.C.. Dr. Kadan retired last year from private practice in obstetrics and gynecology. He was a founding fellow of the American College of Obstetricians and Gynecologists, and, during World War II, the District of Columbia government awarded Dr. Kadan a certificate of recognition for patriotism and unselfishness in serving civilian defense.

On November 1, 1978, at the age of 61, **James Delmar Miller '43**, Youngstown, Ohio. Dr. Miller was director of the Youngstown Alcoholic Clinic for 28 years and conducted a private practice in internal medicine. He served with the United States Army during World War II and during medical school was president of his class. In 1976 Dr. Miller authored a historical novel, *The Bloody Ohio of 1776*, which was published that same year.

Parker M. Wentz P&S '06, Chevy Chase, Maryland on May 3, 1977.

Edwin F. Gouldman, '29, Miami, Florida.

On November 6, 1978, at the age of 66, **William Garlick, M.D.**, former associate professor of thoracic surgery at the Mercy Hospital division of the University of Maryland School of Medicine.

Dr. Garlick was born in Emporia, Virginia and graduated from Emory University and George Washington University School of Medicine. During World War II, he served in the Army receiving the Legion of Merit and three Bronze Stars.

Matthew J. Coppola '30, Old Lyme, Connecticut, on February 10, 1979.

Franklyn D. Gassaway '44, Pittsburgh, Pennsylvania, January, 1979.

FUTURE COURSES Program of Continuing Education

September 18	Current Concepts in the Diagnosis and Treatment of Retinal and External Ocular Disease
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September 27-November 1	Selected Topics in Family Medicine
October 5	Nutrition: The Current Issues for the Health Professional
October 10-12	Computer Tomography Symposium- Body CT and Neuroradiology
October 26-27	Practical Clinical Endocrinology
November 16-17	Surgical Oncology Series: GI Tumors
December 7-8	Symposium on Gynecological Oncology

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PROGRAM

GREETINGS — — INTRODUCTION

Benjamin M. Stein, M.D., President, Brunswick Hospital Center

John M. Dennis, M.D., Vice Chancellor for Health Affairs,
Dean, University of Maryland School of Medicine

SCIENTIFIC SESSION

MODERATOR

Jack L. Mason, Ph.D., Assistant Dean for Continuing Medical Education

Basic Adolescent Psychiatry for the Non-Psychiatric Physician

Richard M. Sarles, M.D., Associate Professor of Psychiatry

Early Confirmation of Various Infectious Diseases

Theodore E. Woodward, M.D., Professor and Chairman, Department of Medicine

COFFEE BREAK

MODERATOR

Morton I. Rapoport, M.D., Senior Associate Dean, Professor of Medicine

The Clinical Indications for Computed Body Tomography

Joseph Whitley, M.D., Professor and Chairman, Department of Diagnostic Radiology

The Clinical Indications for Ultrasonography of the Abdomen

Morgan Dunne, M.D., Assistant Professor, Department of Diagnostic Radiology



TREATING the NEUROLOGICAL EMERGENCY

Neurologic emergencies are among the most frequent and potentially catastrophic disorders seen by a wide variety of physicians in the accident and emergency room setting. Not only are the cerebrovascular diseases among the leading causes of death and disability in this country, but changing societal mores (high speed automobiles, motorcycles, drug and alcohol ingestion) have also contributed to the increased frequency with which unconscious patients must be evaluated by primary care physicians. Finally, since neurologic emergencies often evolve with an explosive suddenness, a premium is placed on their effective management. Recognition of these facts created the impetus for a course on the "Recognition and Management of Neurologic Emergencies" presented by the Division of Neurosurgery of the University of Maryland School of Medicine and the Office of Continuing Medical Education. More than 40 family practitioners, attended.

Global disturbances in a patient's level of consciousness or in the degree of wakefulness are usually brought about by an interference with the metabolic support of the brain (glucose, oxygen, blood flow) and/or by mechanical compromise of the wakefulness centers in the brain stem secondary to elevations in the intracranial pressure. A discussion of these final pathophysiologic mechanisms, by Dr. Julio Garcia, served to open the conference. A guide to the evaluation and initial management of the clinical expression of these disturbances, i.e., the unconscious patient, was presented by Dr. Michael Salzman, one of the directors of the course. He emphasized the care and precision required in the use of words such as "stupor" and "coma" as well as their implications for treatment. One of the most common causes of these states are the thrombotic and embolic cerebrovascular diseases which were discussed from the medical neurologist's point of view by Dr. Thomas Price. Intracranial hemorrhages,

aneurysms and carotid artery disease were addressed as possible surgical emergencies by Dr. Thomas B. Ducker, another director of the course. Both of these presentations alerted the audience to the importance of transient ischemic attacks (TIAs), the little "warning" strokes, in the prevention of further disability.

The most serious traumatic neurologic emergencies involve injuries to the head and to the spinal cord. After an overview of their public health implications by Dr. Ducker, Dr. Dermot Byrnes reviewed the management of the head-injured patient based on his experience at the Maryland Institute of Emergency Medical Services. Similarly, Dr. Ducker drew on his data from the National Spinal Cord Injury Registry to discuss the management of acute quadriplegia and paraplegia. Both of them emphasized the relative infrequency with which significant head and spinal injuries occur in the same patient and the somewhat better prognosis now afforded by modern multiple trauma management.

Special neurologic topics included Dr. Granger Sutton's presentation on the management of seizures and Dr. Richard Mayer's lecture on acute respiratory muscle failure. Particular attention was paid to the ascending polyradiculoneuritis of Guillain-Barré and myasthenic crisis. By this time in the conference it had become evident that proper treatment and support of the respiratory system is central to the management of the most serious and acute nervous system afflictions; Dr. Jane Matjasko further elaborated on these points from the perspective of the neuroanesthesiologist and also discussed circulatory support.

The neurologic examination is also quite difficult in children despite the obvious urgency of treatment for such conditions as Reye's syndrome, seizures and meningitis. Dr. Maria Gumbinas demonstrated how a combination of sophisticated fluid and electrolyte management and intracranial pressure monitoring have saved many children with Reyes syndrome treated at the University of Maryland. Dr. Walker Robinson discussed the need for rapid surgical diagnosis and treatment in developmental disorders such as hydrocephalus and myelomeningocele; he pointed out the often unexplained long-term benefits of an aggressive attitude in regard to treatment.

The conference concluded with two presentations on trauma to the peripheral nervous system.

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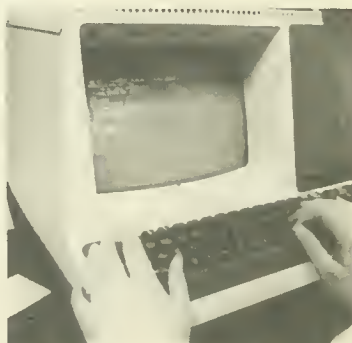


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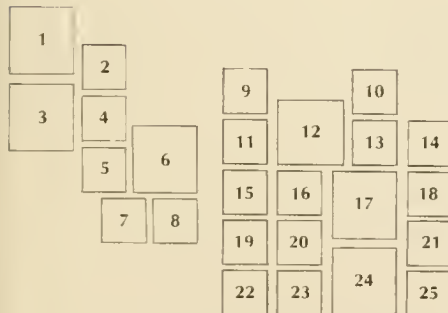
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ALCOHOLISM: A Concise Guide to Modern Diagnosis

by Charles L. Whitfield, M.D.



Painting by D. Biggerstaff

Using the following three diagnostic tools,¹⁻³ the physician will be able to diagnose alcoholism accurately in most alcoholic patients.

1. Interview
2. Michigan Alcoholism Screening Test (M.A.S.T.)
3. Blood alcohol level

The following discussion details how to use these three diagnostic aids.

Interview: Taking the Drinking History

One commonly accepted definition of alcoholism is "any use of alcohol that recurrently interferes with a person's life function in areas such as health, family or social, job, education, or legal, and, in spite of such function interference, the person continues to drink."

In taking a *drinking history*, some physicians find it comfortable to lead into it just after asking about the smoking history.¹ For example

Physician: "Do you smoke cigarettes or other tobacco?"

Patient: "Yes, about two packs a day."

Physician: "How do you use alcohol?"

Patient: "I don't drink."

or

"I drink occasionally."

or

"I quit drinking six months ago."

Whenever, during the drinking history, the patient

1. gets angry, evasive, or glib,
2. says he stopped drinking altogether, or
3. says he drinks more than three drinks a day,

the person may be alcoholic. In this situation, if the patient has just been admitted to the hospital (or is in your office or clinic), and he does not freely admit to being alcoholic, I recommend obtaining a *blood alcohol level*¹ and giving the *Michigan Alcoholism Screening Test*² (see Appendix and the following discussion).

If you suspect alcoholism, either at your first interview or at any time, you might want to ask:

1. "Have you ever wondered whether you might have a problem with drinking?", or
2. "Have you ever wondered whether alcohol might be bad for you?", or
3. "Have you ever thought that you ever drank more than is good for you?"

If the patient's answer is "yes" to any of these, I suggest going right ahead with asking, "Do you think you are an alcoholic?" Given an answer of "yes" to one of the initial questions, a surprisingly large number of patients answer, "Yes, I do think I am alcoholic," or something similar. Again, if the patient shows any anger, evasiveness or is glib, be highly suspect of alcoholism. Social drinkers, because they are in harmony with alcohol, i.e., not struggling, usually have no reason to get upset about your pursuing their drinking history to this extent.

I suggest next asking the patient, "What do you think alcoholism is?" or "How can you tell when someone is an alcoholic?" Alcoholics tend to give either of two answers to this question. Firstly, they describe an alcoholic in terms of what they are *not*. For example, "An alcoholic is someone who drinks wine and is on skid row." Or secondly, they describe an alcoholic exactly the way they behave in relation to drinking. For example, "An alcoholic is someone who can't stop drinking once they get started."

Because alcoholism is so commonly misunderstood by *everyone*, including alcoholics themselves, I advise adding your definition to that of the patient. Then, ask the patient, "How do you fit this definition?" The answer to this question may be useful prognostically. If the patient identifies with the definition, the prognosis is better, given that you make an appropriate treatment plan and are persistent with it. However, if the patient does not identify with the definitions discussed and indeed denies any association, then the prognosis, for the moment, is less optimistic. This does not mean that the caregiver should "give up" the patient as hopeless because we know that strong denial is part of the natural history of alcoholism.¹

If you are still in doubt, I suggest administering the M.A.S.T. while collecting all other data you can (see Figure 1 and N.C.A. diagnostic criteria in Appendix A). It is also helpful to talk with the spouse or someone else close to the patient. If you are still in doubt, administer the M.A.S.T. to the spouse in *regard to the patient*. This maneuver appears to be as accurate as honest responses by the patient.⁴

At the end of your evaluation you still have to decide whether or not the patient is alcoholic (or "has a problem with drinking"). This will be done by a synthesis of all the available data you have collected, usually concluding with your asking, "Does drinking interfere with any department in my patient's life?" Figure 1 summarizes the major ways of making the diagnosis.

Michigan Alcoholism Screening Test

The M.A.S.T. is a time-proven screening test. It has the advantage that it can be given by non-professional persons without extensive training. It has been standardized in a population of mental hospital patients, correlated with the attending psychiatrist's opinion as to whether or not the person was alcoholic.² It has also been further standardized and refined recently by workers at the Mayo Clinic.⁵

If the patient scores 5 or more points on the M.A.S.T., the chance appears to be 81% that he is alcoholic.² But if the patient scores 10 points or more (out of a possible high of 53 points), he or she is most certainly alcoholic. With a score of 3 points or less, the person is probably a social drinker. Four points is considered borderline.

Consisting of 25 questions, each of which can be answered "yes" or "no", the test is actually a superb group of questions pertaining to how drinking affects the person's functioning. If we define alcoholism as drinking interfering with health, or with functioning socially, on the job, or legally, then this test measures at least three aspects of each of these major functional areas. Table 1 lists major areas in detail, with the corresponding question number on the test in parenthesis after each. A copy of the M.A.S.T. and a key to scoring the test is included as Appendix B.

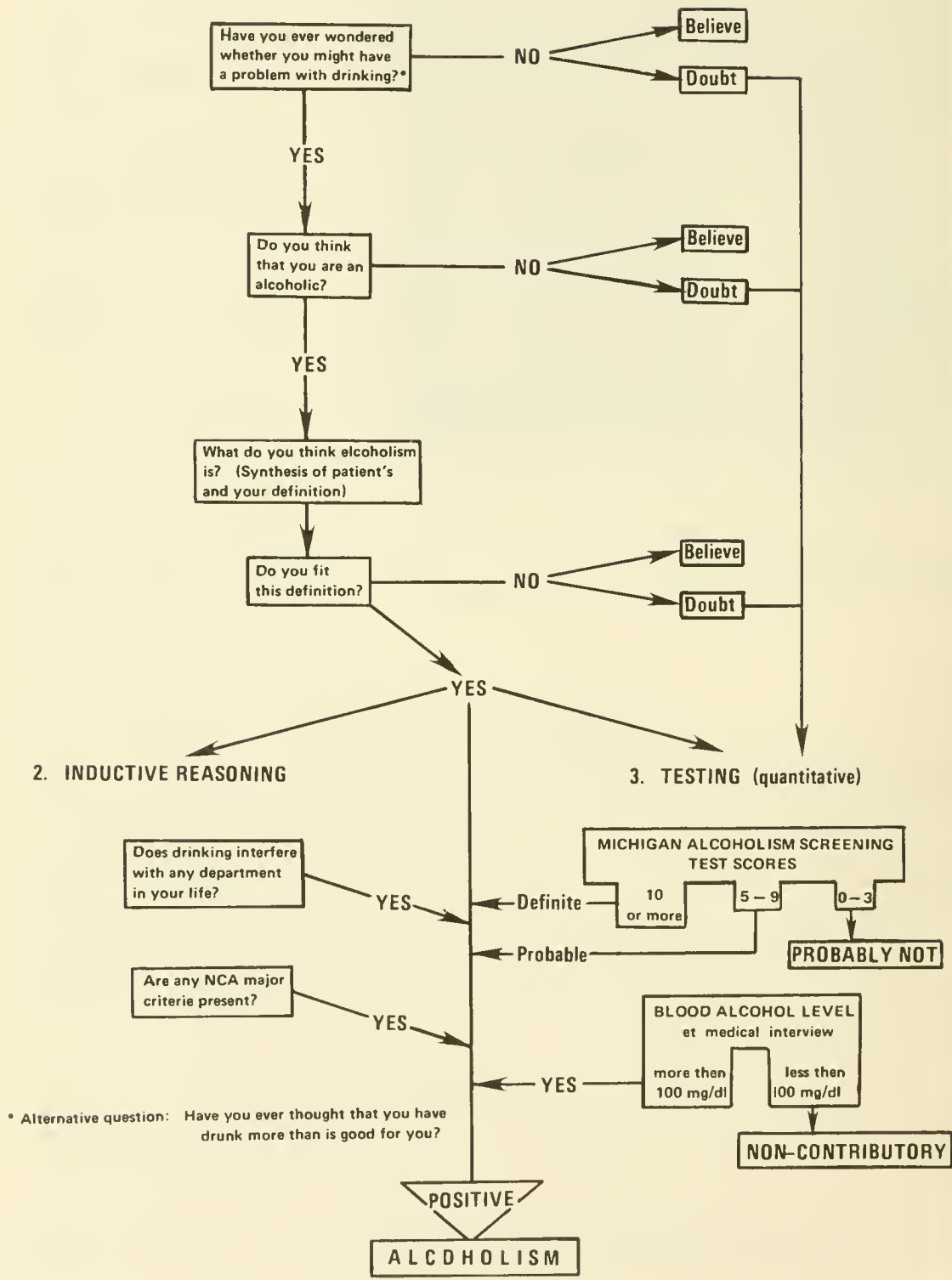
Dr. Ken Williams of Pittsburgh and I have given the test to nearly all the alcoholic patients we have seen and have found that it is a highly useful test, not only in doubtful drinking problem situations, but in patients who readily admit to being alcoholic.¹ I have seen only one patient with a score of 6 who did not appear to be alcoholic and have seen no patient who scored 10 or more who was not discovered to be alcoholic by further interview and followup.

Williams gave the test to 100 outpatients who came voluntarily or were referred to his outpatient alcoholism clinic.¹ None scored less than 9. The average score was in the 20's.

I usually find it worthwhile showing the patient the test result, explaining it and then discussing the meaning of the questions which have scored points. In one sense, this provides hard data for both the

Figure 1. Algorithm for diagnosis of alcoholism

1. DIRECT QUESTIONING



* Alternative question: Have you ever thought that you have drunk more than is good for you?

physician and the patient to consider and digest. Thus, the M.A.S.T. can be helpful in confronting the alcoholic with objective evidence (a test designed by "experts") that he is an alcoholic. It is also of documentary value for the care of *your patient* and for *your records*.

It may prove helpful to give the test to family members, to see how they would answer the questions in relation to the patient. This is likely to provide more reliable information and is a way to see how much the alcoholic patient is denying.⁴ Many patients underestimate the correct answers to *some* of the questions. However, when patients themselves "lie" on the M.A.S.T., I most commonly find they do so on only a few of the questions, thus not significantly lowering their M.A.S.T. scores.

In summary, the M.A.S.T. provides a quick, simple and reproducible way of obtaining helpful historical information from people who have or may have drinking problems. It usually takes only five minutes to administer and score.

Blood Alcohol Level

This can be tested and immediately read *in the office* by using the pocket sized Alco-Sensor II (from Intoximeters, Inc., 1901 Locust St., St. Louis, Mo. 63103). See the NCA criteria for interpretation of the blood alcohol level (Appendix A).

It is useful to show the patient his or her actual digital reading on the machine. Remember that a *negative* (below 100 mg%) reading means *nothing* other than there is little or no alcohol on board. *Only a positive reading is useful.*¹

Beginning Intervention: Present to the Patient Evidence for Diagnosis

One of the physician's key responsibilities is to present the evidence for the diagnosis of alcoholism to the patient in an acceptable manner. This "confrontation" can be done in the same serious and objective manner with which you would inform the patient of any other serious chronic disease with which this person was going to have to live for the rest of his life. If a physician has just diagnosed diabetes or cancer, there would be little hesitation about informing the patient. Informing and educating the patient about his chronic illnesses is a basic responsibility of the physician. The goal of intervening in this manner is *to get the patient to accept help.*^{6,7}

There is reason, however, to introduce the subject of alcoholism gradually and to confront the patient gently. The doctor should *anticipate denial*—perhaps even angry denial if he attempts to pin a label of alcoholism on a patient. "Alcoholic" will often sound to the patient like "name calling" rather than your making a medical diagnosis. Anticipate a rebuttal from the patient, and do not be dismayed if he or she gets annoyed. Remember, the alcoholism is ultimately his problem, not yours.

I like to use an "eight action approach" during the course of helping an alcoholic. These eight actions are:

1. The diagnosis
2. Alcoholism is a disease
3. He/she is not at fault for having the disease
4. The disease is treatable and recovery is likely
5. The responsibility for treatment is the patient's
6. Initiate a treatment plan (or make an *appropriate* referral, i.e., only to a specially trained caregiver in the field of alcoholism)
7. Interview the spouse and initiate their regular attendance at Al-Anon
8. Provide serious followup

Details of how to carry out these actions are provided in several sources.^{1,8,9}

Alcoholism as a Disease

While a debate as to the disease nature of alcoholism still continues in some areas, most clinicians working with alcoholics have indeed accepted it as a disease. Gitlow¹⁰ has pointed out that it is helpful first to define disease:

"Disease: *illness; sickness; an acquired morbid change (abnormal function) with characteristic symptoms.*" —Stedman's Medical Dictionary

In considering this definition and others in medical dictionaries, one of the requirements is that a disease have "characteristic symptoms." Clinicians who have seen and studied many alcoholics have come

to agree that the symptoms associated with alcoholism are characteristic. Two of these are *loss of control* and *blackouts* (amnesic responses).

The clinician who knows the *natural history* of the primary disease itself, i.e., the drinking behavior and its subtleties, will likely be successful in helping the alcoholic recover.¹¹

To consider alcoholism a disease appears to be the most practical way of understanding what helpers see in their patients. Also, it seems to *promote longer periods of sobriety*.¹

In subsequent issues of this journal I will discuss specific methods of treatment of the alcoholic patient, detoxification, and drug problems other than alcoholism.

Table 1. Functional Problems Suggestive or Diagnostic of Alcoholism as Measured by the Michigan Alcoholism Screening Test

Drinking interfering with: Measured by: (M.A.S.T. question #)	
Health	Withdrawal syndrome (19)
	Liver trouble (18)
	Hospitalized related to drinking (21)
	Asked for help about drinking (20,23)
	Psychiatric problems related to drinking (22,23)
	Blackout (2)
	Numerous other medical consequences (not measured)
Social/Family	Loss of control (3)
	Not a normal drinker (self, others) (1,2,8)
	Spouse, parents, children complain (11,12)
Job	Trouble related to drinking (14)
	Fired for drinking (15)
	Absenteeism 2 days, drinking (16)
Legal	Fights related to drinking (10)
	Arrested for drinking (24)
	Driving while intoxicated (25)

APPENDIX A*

Major Diagnostic Criteria (Level 1) for Diagnosis of Alcoholism (modified from N.C.A., 1972)¹²

1. *Withdrawal*, any one of four types: (in each case the symptom is to be differentiated from other diseases which can produce it, and withdrawal symptoms from other sedative drugs)
 - a. gross tremor
 - b. hallucinosis
 - c. withdrawal seizures
 - d. delirium tremens
2. *Alcohol tolerance*, manifested by either:
 - a. drinking a fifth of a gallon of whiskey or the equivalent in wine or beer daily for at least two days (180 lb. person), or
 - b. blood alcohol level—100 mg% at the time of medical appointment, 150 mg% without gross intoxication, or 300 mg% at any time
3. Drinking in *spite* of strong, identified social or medical contraindications
4. *Blatant*, indiscriminate use of alcohol
5. *Pathological* findings of either alcoholic hepatitis or alcoholic cerebellar degeneration

Minor Criteria (Level 2) for Diagnosis of Alcoholism, Listed by Usual Phase of Occurrence

Early

1. Admits drinking more than peers
2. When talking freely, makes frequent reference to drinking alcohol, people being "bombed" or "stoned"
3. Preference for drinking companions, bars and taverns

*For interpretation, refer to text "When to Suspect Alcoholism; NCA Diagnostic Criteria"

4. Loss of interest in activities not directly associated with drinking
5. Drinking at times or on occasions when peers do not drink—occasionally morning drinking
6. Medical excuses from work for variety of reasons
7. Shifting from one alcoholic beverage to another
8. Spouse complains about drinking behavior—may be reported by patient or spouse
9. Drinking alone, or sneaking drinks (surreptitious drinking)

Middle

10. Drinking to relieve anger, insomnia, depression, social discomfort
11. Repeated conscious attempts at abstinence
12. Vascular engorgement of face—capillary dilation
13. Peripheral neuropathy
14. Alcoholic facies

Late

15. Outbursts of rage and suicidal gestures while drinking
16. Chronic brain syndrome psychological symptoms
17. Feelings of “losing my mind”
18. Anxiety-relieving mechanism, such as “telephonitis”
19. Skid row or equivalent social level

Other

20. Blackout (period of amnesia while consuming alcohol)
21. Subjective complaint of loss of control over alcohol consumption
22. Odor of alcohol on breath at time of medical appointment
23. Inappropriately high serum osmolality (55 mg% BAL = 22 mOsm/L)
24. Low serum magnesium level
25. EKG abnormalities: arrhythmias, tachycardias, T waves dimpled, cloven, or spinous, V.P.C.'s, abnormal P waves
26. Cerebral degeneration in absence of arteriosclerosis or Alzheimer's disease
27. Any of SGPT, BSP, BR, urine urobilinogen, serum A/G reversal
28. Alcoholic myopathy or cardiomyopathy
29. Autopsy findings of central pontine myelinosis or Marchiafava-Bignami's disease
30. Fatty degeneration of liver in absence of other known cause
31. Laennec's cirrhosis
32. Pancreatitis in absence of cholelithiasis
33. Wernicke-Korsakoff syndrome

Minor Criteria (Level 3) for Diagnosis of Alcoholism, Listed by Usual Phase of Occurrence

Early

1. Gulping drinks
2. Unexplained changes in family, social and business relationships, with complaints about spouse, job and friends
3. Job change or loss (due to increasing interpersonal difficulties), frequent financial difficulties
4. Major family disruptions: separation, divorce, threats of divorce
5. Night sweating
6. Flushed face
7. Tachycardia

Middle

8. Ecchymoses on lower extremities, arms, or chest
9. Cigarette or other burns on hands or chest
10. Hyperreflexia or (if drinking heavily) hyporeflexia (permanent hyporeflexia may be a residuum of alcoholic polyneuritis)

Late

- 11. Decreased tolerance for alcohol
- 12. Chooses employment that facilitates drinking
- 13. Frequent automobile accidents
- 14. History of family members undergoing psychiatric treatment; school and behavioral problems in children
- 15. Overt expression of more regressive defense mechanisms: denial, projection, etc.
- 16. Resentment, jealousy, paranoid attitudes
- 17. Symptoms of depression: isolation, crying, suicidal preoccupation

Other

- 18. Frequent change of residence for poorly defined reasons
- 19. Hypoglycemia
- 20. Hypochloremic alkalosis
- 21. Lactic acid elevation
- 22. Transient uric acid elevation
- 23. Potassium depletion
- 24. SGOT elevation
- 25. EEG abnormalities
 - a. decreased or increased REM sleep, depending on phase
 - b. loss of delta sleep
 - c. other reported findings
- 26. Increased incidence of infections
- 27. Decreased immune response
- 28. Decreased response to Synacthen test
- 29. Chromosomal damage from alcoholism
- 30. Chronic gastritis
- 31. Hematological disorders
 - a. Anemia: hypochromic, normocytic, macrocytic, hemolytic with stomatocytosis, low folic acid
 - b. clotting disorders: pro time
- 32. Toxic amblyopia
- 33. Beriberi
- 34. Pellagra
- 35. Cardiac arrhythmias

APPENDIX B
(Michigan Alcoholism Screening Test)²
QUESTIONNAIRE ABOUT DRINKING HABITS

DIRECTIONS: If a statement says something true about you, put a check (✓) in the nearby space under YES. If a statement says something not true about you, put a check in the nearby space under NO. Please answer all the questions.

	YES	NO
1. Do you feel you are a normal drinker?	_____	_____
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of that evening?	_____	_____
3. Does your spouse (or parents) ever worry or complain about your drinking?	_____	_____
4. Can you stop drinking without a struggle after one or two drinks?	_____	_____
5. Do you ever feel bad about your drinking?	_____	_____
6. Do friends or relatives think you are a normal drinker?	_____	_____

	YES	NO
7. Do you ever try to limit your drinking to certain times of the day or to certain places?	_____	_____
8. Are you always able to stop drinking when you want to?	_____	_____
9. Have you ever attended a meeting of Alcoholics Anonymous (A.A.)?	_____	_____
10. Have you gotten into fights when drinking?	_____	_____
11. Has drinking ever created problems with you and your spouse (or parents)?	_____	_____
12. Has your spouse (or other family member) ever gone to anyone for help about your drinking?	_____	_____
13. Have you ever lost friends or girlfriends or boyfriends because of your drinking?	_____	_____
14. Have you ever gotten into trouble at work because of your drinking?	_____	_____
15. Have you ever lost a job because of your drinking?	_____	_____
16. Have you ever neglected your obligations, your family or your work for two or more days in a row because you were drinking?	_____	_____
17. Do you ever drink before noon?	_____	_____
18. Have you ever been told you have liver trouble?	_____	_____
19. Have you ever had delirium tremens (DT's), severe shaking, heard voices or seen things that were not there after heavy drinking?	_____	_____
20. Have you ever gone to anyone for help about your drinking?	_____	_____
21. Have you ever been in a hospital because of your drinking?	_____	_____
22. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem?	_____	_____
23. Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker, or clergyman for help with an emotional problem in which drinking played a part?	_____	_____
24. Have you ever been arrested, even for a few hours, because of drunk behavior?	_____	_____
25. Have you ever been arrested for drunk driving or driving after drinking?	_____	_____

Scoring the Michigan Alcoholism Screening Test (Questionnaire)

Scoring:	#	YES	NO	#	YES	NO	#	YES	NO
	1.		2	11.	2		21.	5	
	2.	2		12.	2		22.	2	
	3.	1		13.	2		23.	2	
	4.		2	14.	2		24.	2	
	5.	1		15.	2		25.	2	
	6.		2	16.	2				
	7.	0	0	17.	1				
	8.		2	18.	2				
	9.	5		19.	2				
	10.	1		20.	5				

Total possible score = 53
(Most alcoholics score above 10 points.)

- 0 - 3 points = probably not alcoholic
- 5 points = 81% diagnostic of alcoholism
- 10 points or more = virtually 100% diagnostic of alcoholism

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DEAN'S MESSAGE

John M. Dennis, M.D.

At the 1978 Maryland Legislative Session, I shared my view of faculty compensation at the School of Medicine. I tried to clarify matters which had created confusion, and perhaps some consternation, about the manner in which the state and our school share the cost of public medical education in Maryland.

In meeting with members of the House of Delegates and Senate at the 1979 Legislative Session, I tried to broaden their perspective and present a total view of the financial management of the school of medicine. As alumni, I thought that you would appreciate a review of where the money comes from to pay the school's bills.

For fiscal year 1979, our sources of program funding in thousands of dollars are as follows:

1. State of Maryland General Fund Appropriation	\$ 8,783	27%
2. State of Maryland Special Funds (including tuition and fees)	1,570	5%
3. Educational and Research Grants and Contracts	14,631	46%
4. Medical Service Plan Revenue	6,930	21%
5. Endowment Income	407	1%
Total	\$32,321	100%

In addition to the program support, another \$6.1 million are included in the general campus support budget to cover the school's share of indirect costs, i.e., maintenance, energy, library, etc. Indirect cost recovery from research grants and contracts awarded to the school of medicine should produce \$3.5 million. That money will offset over one-half of the school's \$6.1 million share of general campus support.

Of the three biggest contributing sources of funding (state support, educational and research grants, contracts and Medical Service Plan), we are showing absolute growth in all. But a relative decline has appeared in state support. It is dependent upon the judgment and predisposition of the executive and legislative branches of the state government. The other two sources are dependent on and a measure of the quality and initiative of our faculty. Both have shown a relative as well as an absolute growth.

Like our colleagues in other medical schools, our faculty members do not receive 100 percent of their total compensation through monies provided by

state tax dollars and tuition. A significant percentage comes from grants and contracts, physician fees, scholarly activities, etc. If that were not so, we could not offer the kind of compensation that enables us to recruit the exceptional faculty which we must have to maintain our position as a "school on the move". We must use sources of remuneration other than state funded base salaries, in combinations appropriate to the individual on the one hand and the institutional priorities on the other.

Grants and contracts play an important role in our overall fiscal operation. The University of Maryland School of Medicine is one of the few medical schools which has sustained a good growth rate in grant and contract awards despite federal belt-tightening and cut-backs. Presently, the school ranks in the 70th percentile of all medical schools in total dollars awarded by the National Institutes of Health. Grant and contract funds provide partial support for faculty, create positions for technicians, trainees, fellows, residents, staff and pay for many items of equipment as well as minor renovations and improvements in our physical plant.

Medical Service Plan money comes from the professional fees billed by our full-time faculty. The Medical Service Plan pays for personnel, major equipment purchases and faculty development activities. Funds from the Medical Service Plan also contribute to the School of Medicine Development Fund to support activities and programs in many departments. Last year the Developmental Fund provided \$293,178.43 in salary support to the school of medicine, mainly in the basic science departments. Fee for service income is of enormous importance to any school wishing to acquire a place in the top echelon.

The 21 percent on our school's operating budget which comes from the Medical Service Plan represents a six-fold increase in five years. It only represents a modest gain over last year's figure. The key to the success of this plan is the high degree of institutional loyalty and voluntary compliance of our faculty. Not wanting to jeopardize teaching and scholarly pursuits, I question to what extent faculty contribution to operating expenses can increase.

Interestingly enough, the man on the street thinks that the state foots the entire bill. Actually, State of Maryland support for public medical education does not compare favorably with the state funding by 48 states and Puerto Rico. In candor, it ranks rather poorly. Our first-rate medical school is a reflection of the calibre and dedication of our faculty and staff.

WILLIAM POWER 1813-1852

Third Departmental Chairman; Professor of Theory and Practice of Medicine; Pioneer Clinician Who Introduced Techniques of Auscultation, Percussion and Practical Bedside Teaching of Clinical Examination to Baltimore

Theodore E. Woodward, M.D.

This is the fourth in a series of biographical sketches of former Chairmen of the Department of Medicine.

William Power was born in Baltimore in 1813. After early schooling in Baltimore, he received his A.B. degree from Yale in 1832, and later was awarded an A.M. degree. Beginning in 1833, he was tutored in medicine by Dr. John Buckler of Baltimore and in the fall of that year enrolled at the University of Maryland School of Medicine. During 1834, he was a student physician at the Almshouse, and in 1835 he received his M.D. degree. From 1835 to 1840, Power, like many American physicians who later became leaders in medicine, studied in Paris. Here he trained under a brilliant cadre of teachers which included Chomel, Andral, Rostan, Grisolle, Barth, Ricord, the great pathologist, Cruveilhier, and Pierre Louis, upon whom he made a lasting impression. Paris was then the seat of medical scientific advances where Power was ardent and enthusiastic in his quest of knowledge. He was constant and unwearied in attendance at Parisian hospitals, kept laborious records of his observations and engaged in discriminating discussions with fellow American visitors. Simultaneously, he learned from the teaching of these early French masters. Evenings were spent in diligent study. Here, under guidance of Louis, he developed the capacity for systematic study of disease which was later to fit him for professional duties as a teacher to students in Baltimore. Presumably, Power contracted tuberculosis in Paris during his hard years of intensive clinical study since tuberculosis was so prevalent. As early as 1837, while in Switzerland, he was subject to paroxysms of severe dyspnea with palpitation and hemoptysis.

In 1840, Power returned to Baltimore where he was appointed Resident Physician at the Almshouse and in nine months became Visiting Physician. In keeping with political partisanship and customs which now typify the twentieth century, with an administrative change in direction of the Almshouse, Doctor Power was removed from office. In 1841, he was reinstated and served as Attending Physician there in 1841-42 and 1844-45. During this period,

the Baltimore Infirmary (University Hospital), which opened in 1823, was used by Potter in medicine, Pattison and Nathan Smith in surgery, and other faculty members for their hospital practice. Rounding by students was optional and for a while student interest was poor. Power was appointed Lecturer in Physical Diagnosis at the University of Maryland School of Medicine in 1841 and 1842, where he initiated at the Infirmary two courses of lectures and practical demonstrations on physical examination of the chest. These were the first lecture-demonstrations of this type at the University and soon student interest increased so much that advanced booking was required as early as a year in advance. It was noted in the Prospectus for 1841-42 that "the six months course proved to be so successful, last term, that the arrangement is made permanent with compulsory attendance of four months required."



University of Maryland Hospital (Baltimore Infirmary) about 1830. Painted by Paul Vicino.



William Power, age 20. From miniature portrait, Medical and Chirurgical Faculty of Maryland, Baltimore.

"The Marine Hospital having restored to the Infirmary of the University, and that institution presenting also many interesting cases from among our citizens, the means of clinical illustration will be ample."

William Power was never robust and was plagued with illness throughout much of his life. In 1843, his health became precarious which forced him to cease his duties as a clinical teacher and lecturer. He went for rest to Cuba where his health improved, and in 1844 Power returned to Baltimore and resumed his academic pursuits. In 1845, he was appointed Lecturer in the Theory and Practice of Medicine and in 1846, at the age of 33, on the resignation of Professor Bartlett, was appointed to full



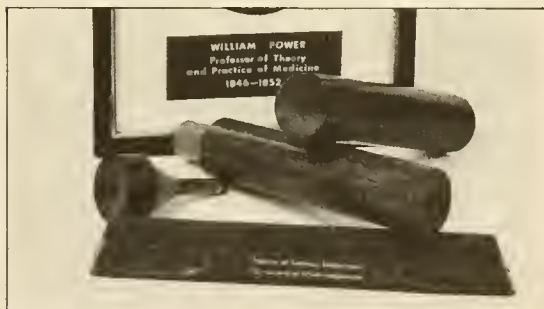
Laennec and the Stethoscope. From *A History of Medicine in Pictures* by George Bender; painting by Robert A. Thom. Courtesy Parke-Davis Division, Warner-Lambert Company ©1960

Professor and Chairman, the first alumnus of the school to occupy the Chair.

Professor Power devoted his life fully to the teaching of medical students and to the study of medicine. His stimulating effect upon students was demonstrated by the enthusiasm with which they attended his lectures and teaching rounds. As a lecturer, Power did not aim at originality but rather to teach that which was known and true. He presented a calm and unbiased account of the opinion of others which was corrected and modified by his own experiences. Cunningly devised theories and fiction were foreign to him. His approach to medicine was thoroughly earnest and truthful and he never failed to admit error. Power excelled as a teacher of clinical medicine who inculcated the quality of thoroughness to students and physicians. University of Maryland medical students have always been known for their clinical skills and it is to William Power that tribute is paid for serving as an example and for ensuring the acquisition of such firm clinical foundations which mark any competent physician.

Although not an extensive contributor to the medical literature, Power's strength was in his stimulus to others who became leaders in medicine in Baltimore and elsewhere. Charles Frick was one of Power's most illustrious pupils who later made notable contributions by initiating clinical investigation at the school. There was another close bond between them since Power was Frick's brother-in-law. Professor Power's contribution to the medical literature dealt with topics of current clinical interest and on medical education. (See Bibliography of William Power.)

René Laennec, who paid great tribute to Auenbrugger, the inventor of the technique of percussion, introduced the stethoscope to the medical profession in 1819. The first organized instruction in auscultation and percussion was given in Baltimore by William Power in 1841. Others in Baltimore, particularly Dr. Frank Donaldson, who died in 1835, were known for their skill in physical diagnosis. Nathaniel Potter, the first Professor of Medicine, belittled the stethoscope and preached against its use.



Model of early stethoscope

No mention is made of the use of the stethoscope or the technique of percussion in the catalogues of the school until 1845. Shown in the figure is a model of the type of stethoscope used initially by Laennec and introduced by Power to Baltimore in 1841.

Professor Power married Elizabeth Frick, elder daughter of Judge William Frick, on October 14, 1847. There is no record of any children. He was never able to recover from tuberculosis and emphysema. In spite of habitual dyspnea and hemoptysis, he met all of his obligations, gave his fullest effort to all endeavors and led a useful and most productive life. Before his coming to the University of Maryland School of Medicine and Infirmary, it was difficult to find candidates for the place of Resident Physician in the Hospital. Power's interest and enthusiastic teaching soon elevated the reputation of the institution so that candidates became numerous and obtained appointment with difficulty.

In his address to the medical alumni of the University on January 22, 1907, Samuel C. Chew, Professor of Medicine (Chew, S.C.: *The Chair of Medicine in the University of Maryland*) recalled his memory of William Power with his "intellectual face sicklied o'er with the palecast of thought." He recounted the story of a Baltimore resident who suffered from chest trouble and consulted with Pierre Louis in Paris. That eminent continental physician, on inquiring in what part of America he resided, answered, "From Baltimore." "Why, then," asked Louis, "do you come all the way to Paris to consult me when you have William Power in Baltimore?"

During the winter of 1851-52, Professor Power was unable to perform his academic duties and on January 5, 1852, he reluctantly resigned his Chair. His physical suffering was so great that he could hardly mount the stairs without panting. Ironically, seven of eight resident students, who in 1844-45 were his assistants, preceded him in death, a sad commentary of the deadly influence of professional pursuits and acquisition of serious illnesses in the mid-nineteenth century. The complete letter of Power to his faculty associates provides the reader a vivid glance of his selfless character.

Baltimore, January 15, 1852

Gentlemen:

The continued impairment of my health and strength makes it doubtful whether even next winter I shall be able to fulfill the duties of my Chair. I therefore hereby tender you my resignation of the professorship of Theory and Practice of Medicine in the University of Maryland. This step, after due deliberation, is taken through a sense of duty to you and to the interests of the school, but I confess with some natural sorrow and reluctance on my own part. My connection

with the University formed the realization of professional hopes and plans long cherished. To feel secured in a position where I could pursue the profession as an ennobling science, not as a necessary trade, where there was a constant stimulus given to self-culture and improvement, to constant fresh study and daily progress in the search after truth, to be entrusted with the responsible and noble mission of interpreting and disseminating this truth; finally, to have the conviction from the friendly and cheering intercourse of colleagues and the respectful demeanor of the class that I had the approbation and confidence of both, and that my efforts to be useful and give satisfaction were not in vain, all this made my situation dear to me. My chair was the ruling interest of my professional life, that in which all my pleasures, hopes and ambition centered, and the determination to resign it involves the virtual and formal adieu to all lingering hope of future usefulness. My whole connection with the school has been to me of the most agreeable character. Nothing has ever occurred to mar for a moment the good understanding between myself and my present colleagues. We have laboured pleasantly and amicably together. We have had the satisfaction of seeing the school, year by year, increasing in her prosperity, her embarrassed finances improved and now placed in the best condition. We have witnessed her facilities for teaching much increased, by the enlargement of the Infirmary and large purchases of materials for demonstrative instruction, the classes steadily growing in numbers, better taught, pleased and satisfied with the opportunities they enjoyed and the tuition they received, and leaving us to give a good report to their alma mater. The whole course of the University has been upward and onward, and with continued harmony and activity on the part of the Faculty there is every reason to anticipate a still more brilliant future. I do most sincerely trust that in appointing my successor your choice may fall upon one who, with more acquirement and talent to fit him for the place, may at least possess equal zeal and devotion to the progress and interests of the school. Though no longer directly connected with it, still so long as life continues I cannot but feel the deepest interest in its policy and progress. In conclusion, allow me to tender to each of you my thanks for many acts of friendship and courtesy during our past intercourse, and to assure you of my sincere wishes and earnest prayers for your individual success, happiness and usefulness.

Wm. Power

57 St. Paul Street.

To the Faculty of Physic of the University of Maryland.



Gravesite of William Power, Greenmount Cemetery, Baltimore

As late as the month of May, 1852, his friend and companion, Alfred Stillé, found Power wasted and wan from the consumption which he suffered but his spirit was clear and bright and he was content without complaint, remorse or resentment of a career cut short. He had great love of music, which was particularly a pleasure and solace to him during his terminal illness.

On August 15, 1852, Professor Power died in Baltimore, a victim of pulmonary tuberculosis in his thirty-ninth year. Ironically, Laennec died of tuberculosis in 1826, at the age of 45.



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5. Power, William: Lecture on venereal disease. *University of Maryland, Baltimore J. Med.* 12-26, 1851. (Unverified, cited from J.R. Quinan, see reference below.)

6. Power, William: Contributions to Pathology, *Maryland Med. Surg. J.* 1: 306-318, July 1840.



PROGRAM OF CONTINUING EDUCATION



Continuing Medical Education Available to the Family Physician

Prior to the advent of mandatory recertification of licensure for physicians in the State of Maryland, the Department of Family Medicine offered continuing education for family physicians and others. This practice will continue as a major effort of the department with its prime objective to enhance the level of medical education for the thousands of practicing physicians in this state and specifically for the several hundred family physicians and general practitioners.

Toward this end, the department has arranged for courses to be presented throughout the year. Twice yearly a series of six courses of two and one-half

hours duration are held at the medical school in Howard Hall. This specific educational program addresses itself to the needs of the participating physician by presenting selected topics taken from the various disciplines within the specialty of family practice. The format is the presentation of cases and a demonstration of problem-solving as an approach to patient care. Speakers are usually faculty members of the University of Maryland although guest faculty from other institutions participate occasionally.

In the Fall of 1978, Dr. M. Spence, Assistant Professor of Johns Hopkins University, addressed himself to the topic of sexually transmitted diseases. He emphasized diagnosis, epidemiology and therapy.

Orthopaedic problems in family practice was the topic presented by Dr. John Kenzora, Associate Professor of Orthopaedic Surgery. Although his lecture encompassed the practical approach to clinical problems including congenital, traumatic, metabolic, inflammatory and degenerative, he emphasized his treatment plan for osteoporosis utilizing sodium fluoride, Vitamin D and the ingestion of calcium in the management of this common debilitating orthopaedic problem.

Dr. William Gray, Assistant Professor in the Department of Surgery and the Division of Otolaryngology, discussed infectious diseases of the ear, a plan for evaluating dizziness and hearing loss in patients, the management of allergy and epistaxis, early cancer detection and current thinking regarding diseases of the tonsils and adenoids. He also offered the participants an opportunity to view the newer diagnostic instruments utilized by members of his department.

The management of peptic ulcers disease, gall bladder disease and hepatitis was covered by a distinguished panel of speakers consisting of Dr. Frank Iber, Dr. Elizabeth Rogers and Dr. Richard Sampliner. Each of them discussed the diagnostic and therapeutic approaches in vogue for patients with these problems.

In an effort to emphasize the need to diagnose and adequately treat psychophysiological entities which patients present to the family physician, Drs. James Lynch and William Convey were invited to discuss the role of the Psychophysiological Clinic and the services that they provide. They utilize biofeedback, relaxation therapy, hypnotherapy, psychotherapy and physical therapy.

The concluding lecture of the fall evening series dealt with clinical nutrition and was presented by Dr. Lois Roeder and Mr. Alan Gaby, a fourth year medical student. They discussed the nutritional needs in pregnancy, diet and its possible effects on the hyperactive child, food allergies, fads, nutritional problems of the elderly, diet in disease and the controversy surrounding the use of Vitamin C.

Another continuing education effort of the Department of Family Medicine was an intensive learning weekend which has been held annually. The topic was the primary care of the female patient which covered those areas of education as mutually recommended by the American College of Obstetrics and Gynecology and the American Academy of Family Physicians. These two groups have spelled out specific areas of attention for the family physician to enhance the primary care of the female patient who is pregnant or has gynecological problems.

The greatest effort in continuing education by the Department of Family Medicine is the annual Family Medicine review course. This year the fifth such course will be held at the Baltimore Hilton Inn, Pikesville, Maryland, June 3-9, 1979 and will offer up to 38½ credit hours in its core portion. Optional sessions will offer an additional 15 hours of available credit. This program serves to update the practicing physician in the current concepts of the practice of medicine and crosses all disciplinary lines in emphasizing the practical and clinical approach to the patient. It also enhances the core knowledge of the participant and has as one of its main objectives the improvement of patient care through increased knowledge and improvement of attitudes in approach to the patient. In addition to providing hours of credit toward recertification of licensure, it also prepares physicians for the American Board of Family Practice certifying and recertifying examinations.

As an example, an entire day will be devoted to pediatrics with a renown panel of pediatricians and child psychiatrists focusing on the child with neurologic and emotional problems. This will be followed by a review of critical areas in pediatric care. Other disciplines represented include psychiatry, surgery, otorhinolaryngology, cardiology and neurology.

During two evenings an additional session will permit physicians to certify as basic life support rescuers (CPR). Three other evenings will be devoted to monitored audio-visual sessions with a discussant in attendance.

In order to continuously improve these presentations, the Department of Family Medicine wishes your input as to your own educational needs. This valuable feedback mechanism assists us in developing programs that more precisely respond to your own needs.

Symposium On Head And Neck Cancers

JUNE 15 & 16, 1979

THE BALTIMORE HILTON INN
PIKESVILLE, MARYLAND

Sponsored by the
Section of Oncology
Department of Surgery
and the

➤ Program of Continuing Education
University of Maryland, School of Medicine

The objective of this course is to discuss the various aspects of diagnosis, treatment and management of patients with head and neck cancer from the dental, surgical, pathological and radiation therapy point of view as well as the chemotherapy and immunotherapy that is currently in use for treating this disease.

For further information - contact:
The Program of Continuing Education,
University of Maryland, School of Medicine,
10 South Pine Street, Baltimore, MD 21201

5TH ANNUAL FAMILY MEDICINE REVIEW COURSE

JUNE 3-9, 1979

THE BALTIMORE HILTON INN
PIKESVILLE, MARYLAND

Sponsored by the
Department of Family Medicine
University of Maryland Hospital

and the

➤ Program of Continuing Education
University of Maryland School of Medicine

Designed to update the primary care physician in current concepts of medicine with emphasis on practical and clinical aspects.

Particularly appropriate for physicians preparing for the American Board of Family Physicians Examination.

For further information - contact
The Program of Continuing Education,
University of Maryland, School of Medicine,
10 South Pine Street, Baltimore, Maryland 21201
(301/528 3956).

PRESIDENT'S MESSAGE

This is my last message as President of your Alumni organization and I find it hard to believe that a year has passed so quickly. I am grateful to you for your generous support in alumni affairs, both financial and social, and would also like to thank Jean Goral and her staff for such vigorous support.

Our annual giving program has been substantially helped by the winter Phonothon and we are most appreciative of all those volunteers who participated. Although the blizzard of 1979 curtailed some of our efforts, it did not curtail the enthusiasm of the volunteers who polled about 15% of our alumni resulting in \$40,000 in pledges.

Dr. Dennis, in a recent letter acknowledging receipt of \$25,000, expressed appreciation for our effort in developing a Geriatric Program at the John L. Deaton Medical Center to be used for teaching our medical students and future alumni.

Our alumni record-keeping has been enhanced with an electronic system. When properly programmed and updated, the system will furnish a more efficient retrieval system of class records and result in more efficient service. Although the updating will take considerable time, the staff will eventually be freed of time-consuming tasks allowing more time to respond effectively to our developmental programs.

By the time you read this letter, the Class of 1979 will have joined our ranks as alumni and we welcome them into our organization. The next few years will be busy preparing for their careers, but we look forward to their active participation in all our affairs.



Robert T. Singleton, M.D.

Dr. Toll has made an impressive start as President of our great University and under his capable leadership we can look forward with pride to future growth and academic achievement. Dr. Toll's interest and active participation in alumni activities clearly indicates his support of our organization and also foretells his dependence on strong alumni clubs for future growth and development of our University. I am sure our Medical Alumni will continue to supply this much needed support.

In turning the office of President over to Virginia Huffer, I wish her much success and hope that she enjoys her term as much as I did. I know that each of you will join me in lending her all the support required to carry on the business of the Medical Alumni Association.





PHONOTHON EFFORTS HAMPERED BY BLIZZARD CONDITIONS

Photo by Steve Allwell

If you did not receive a phone call from a classmate during the Annual Phonothon in February, this photograph will give you an idea of the adversities encountered by our volunteers. Sixty alumni volunteered to make calls over a two-week period, but with the blizzard and frigid temperatures which followed, only 31 braved the storm to come to Davidge Hall.

Representatives of the Class of 1954 successfully contacted every member of their class and raised \$6,500, tripling their total for the 1977-78 drive.

If you did not respond to the mail appeal nor receive a phone call, won't you take a minute now to join your fellow alumni in making a commitment to support the School of Medicine and assist in the restoration of Davidge Hall.

Space has been provided for donations in memory of Abraham H. Finkelstein. Dr. Finkelstein passed away in December and it is hoped to establish a living tribute to an alumnus who devoted fifty years of his life to the field of pediatrics.

(Complete and mail today)

Medical Alumni Association
522 W. Lombard Street
Baltimore, Maryland 21201

I enclose \$_____. I pledge \$_____ to be paid in _____ installments by June 30, 1979.

I wish my gift to be used for:

- _____ School of Medicine
(Discretion of the Dean)
- _____ Faculty Development
- _____ Instructional Materials
- _____ Television Facilities
- _____ Student Financial Aid
- _____ Davidge Hall Restoration
- _____ Microbiology Lectureship
- _____ Abraham H. Finkelstein Memorial

All contributions are tax deductible—
make check payable to
MEDICAL ALUMNI ASSOCIATION.

Gift/pledge entitles enrollment in:

- \$10,000 or more President's Club
- \$ 1,000 or more Founders Club
- \$ 500 or more The James Carroll Society
- \$ 100 or more The Dean's List

Name _____ Class _____

RESTORATION UPDATE

Chemical Hall Kilns Exposed

A partial investigation of the chemical kilns in Chemical Hall revealed the kiln doors to be wrought iron and the damper handles solid brass beneath the layers of paint. Removal of the plaster and cement covering from the brick face of the furnace indicated that heat was generated by a more sophisticated arrangement than expected.

Charcoal was fed through various sized openings in the brick facing to individual hearths to provide heat for the chemical experiments. The flues, which are still lined with the original plaster, were found to

differ in size. This arrangement, along with the dampers, provided control of temperature for laboratory demonstrations. The two kilns on the left side without dampers shared one heat source. One opening in the brick was found to be at floor level.

Later the charcoal was replaced by gas as fuel and the fronts of the furnaces were closed. A part of the original gas line is still in place.

In the restoration of Davidge Hall, wrought iron doors similar to the existing ones will be installed over the recently discovered openings and the masonry surface around them will be replastered.

BEFORE



AFTER



First Major Step of Restoration in Progress

Work to strengthen the structural system supporting the floor and tiers of seating in Anatomical Hall is the first step of the actual major restoration of Davidge Hall.

The late 19th century plaster ceiling in Chemical Hall has been removed to give structural engineers and workmen access to the space. Six steel beams will be installed to support the original wood trusses. The new beams will sit in pockets made in the existing brick wall.

Progress is slow because of a lack of drawings of the original structure. When bricks were removed to form pockets for the new steel beams, workmen uncovered flues that originally serviced the stoves in the niches around Chemical Hall. The engineers were then forced to relocate the pockets. These flues have been measured by the architect as part of the records for Davidge Hall.

With the plaster ceiling removed, the wood framing for the "false occulus" (a circular area with a higher ceiling height) in the center of the ceiling was exposed along with some of the original hand split wood lath. When the new plaster ceiling is installed, the "false occulus" will be restored.

Care has been taken during demolition of the ceiling to save the original plaster cornice.



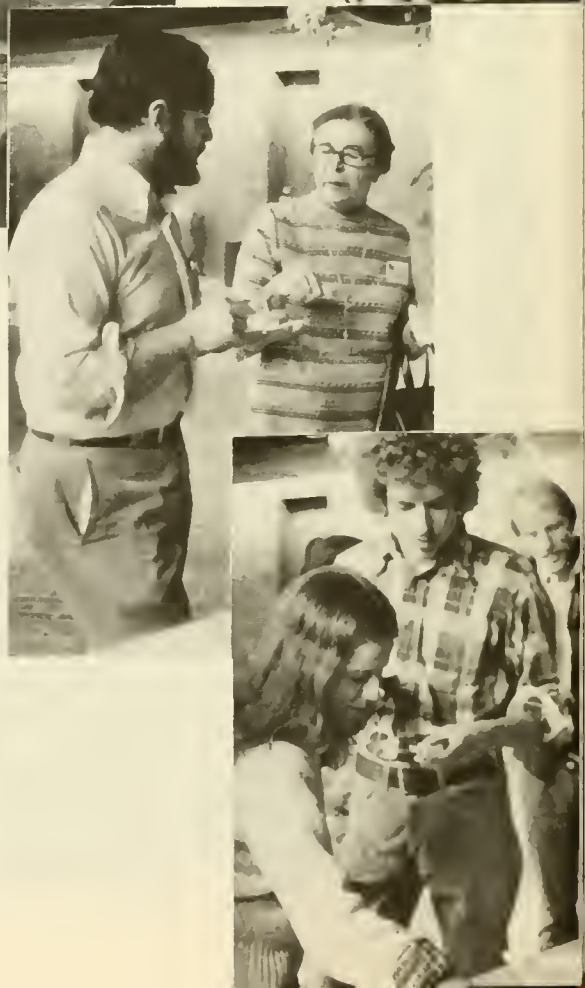


Photos by P. Szczepanski

WINE and CHEESE PARTY

For the first time, the Association entertained the first and second year medical students at a Wine and Cheese Party in the arboretum of the Medical School Teaching Facility. Members of the faculty were on hand to meet students whom they will be teaching for the next two years.

Dean Dennis addressed the gathering with a commentary on the Medical Alumni Association, its accomplishments over the past five years and some of its future goals.



FIFTY-YEAR CERTIFICATE RECIPIENTS

Class of 1929

Jacob H. Ackerman
Silvio A. Alessi
Max Brahms
Selig Leo Brauer
Earl L. Chambers
William H. Chapman
Arnold W. Ciccone
Jacob H. Conn
Joseph N. Corsello
Meyer D. Farbman
Henry C. DRRWL
Charles R. Feingold
Emanuel Feit
Jesse Showalter Fifer
J. Savin Garber

David Givner
Edwin F. Gouldman
Sascha Facchetti Guiglia
Leroy Savin Heck
Frank J. Holroyd
Morris Horowitz
Murray E. Jackson
Abraham Jacobs
Benjamin Horton Kendall
Ernest Levi
Irving I. Lynn
Junichi Matsumura
Roy H. McDowell
Irving J. Morgan
Finley Fredrick Neuman
Saul C. Newman

Lewis M. Overton
Maurice Coleman Porterfield
John V. Reilly
Jacob V. Safer
Morris B. Schreiber
Jack Seibel
Lawrence M. Serra
Albert A. Soifer
W. Glenn Speicher
Charles C. Stevenson
William J. Sullivan
Charles V. Taylor
Rafael A. Vilar-Isern
Charles A. Wallack
George H. Yeager

TWENTY-FIVE-YEAR CERTIFICATE RECIPIENTS

Class of 1954

Samuel J. Abrams
Arthur Baitch
George M. Bauernschub
Anthony A. Bernardo
Dale R. Bertson
Edwin H. T. Besson
Richard N. Betz
Herbert L. Blumenfeld
Stuart M. Brown
Allen C. Bullock, Jr.
Mary K. C. Buetow
Earl Cohen
Efrain A. Defendini
William F. Doran
Arthur G. Edwards
Morton J. Ellin
Robert H. Ellis
Theodore E. Evans
Charles T. Fitch
Otto N. Forrest, Jr.
Daniel H. Framm
Malcolm F. Freed
George S. Fritz

Richard L. Fruth
George R. Funkhouser
Walter Delay Gable
John M. Gerwig, Jr.
John E. Gessner
Louis M. Glick
Ralph S. Goldsmith
Robert B. Goldstein
Jean-Jacques Gunning
Kenneth W. Halgrimson
Charles J. Hammer
John F. Hartman
Harold D. Harvey
William Hatfield
Captain James W. Hayes
William M. Headley
Robert C. Holcombe
Edward W. Hopf
William P. Houpt
Thomas E. Hunt
Richard A. Jones
Irvin B. Kaplan
Raymond B. Keefe

Thomas E. Kiester
Edward S. Klohr, Jr.
Benjamin F. Knotts, Jr.
Stanford A. Lavine
Herbert J. Levin
Hilbert M. Levine
David A. Levy
David H. Looff
Charles Mawhinney
John J. McGonigle
Irwin H. Moss
Eugene A. Mueller
John D. Murphy
M. L. Nafzinger
Gerald F. Nangle
Riva Esther Novey
Joseph J. Noya
Jean M. C. O'Connor
David Owens
Albert G. Packard
Albert Pats
David H. Patten
Miguel Perez-Arzola

Morris Rainess
Robert R. R. Roberts
Milton Schlenoff
Jerome E. Shapiro
Bernard R. Shochet
Marshall A. Simpson
Jean C. B. Smith
J. Walter Smyth
Thomas J. Solon
Thorlief L. Stangebye
James H. Teeter
Rufus Thames
Henry R. Trapnell
Ira N. Tublin
George Wall
Harold R. Weiss
Daniel Welliver
William A. Welton
Rosella E. J. Willis
Kenneth H. White, Jr.
Arthur V. Whittaker
William O. Wild
Robert E. Yim

Hotel Accommodations

Rooms have been reserved at the following hotels. Reservations can still be made through the Alumni Office by calling (301) 528-7454.

Lord Baltimore Hotel

Baltimore and Hanover Streets
Baltimore, Maryland 21201
Phone: (301) 539-8400

Single: \$20
Double: \$26

Baltimore Hilton Hotel

101 West Fayette Street
Baltimore, Maryland 21201
Phone: (301) 752-1100

Single: North Tower, \$33
South Tower, \$37

Double: North Tower, \$41
South Tower, \$45

Holiday Inn

301 West Lombard Street
Baltimore, Maryland 21201
Phone: (301) 685-5317

Single: \$26
Double: \$31

International Hotel

At Baltimore-Washington International Airport
North Area
P.O. Box 8741
Baltimore, Maryland 21240
Phone: (301) 761-7700

Single: \$36
Double: \$40

(Shuttle Service will be available from the hotel to the airport. Limousine Service is available from the airport to downtown Baltimore at the rate of \$3 one-way and \$5.50 round trip.)

Alumni Day Activities

Tuesday, May 29, 1979

6:00- Complimentary Cocktail
11:00 p.m. Reception
Students Commons
Medical School Teaching Facility
(Open bar, hot and cold hors d'oeuvres)

Wednesday, May 30, 1979

8:00 a.m. Continental Breakfast
Student Commons
Medical School Teaching Facility

9:00 a.m. Annual Business Meeting
Presentation: 25-year Certificates
Presentation: Honor Award and Gold Key

11:00 a.m. Tour of Medical School

12:00 Complimentary Lunch
Student Commons
Medical School Teaching Facility

1:00- First Annual Alumni Post-graduate Refresher
4:30 p.m. *Cancer Research: The Key to Cancer Treatment*
Medical School Teaching Facility
CME accredited

7:00 p.m. Reception
Francis Scott Key Room
Baltimore Hilton

8:00 p.m. Annual Alumni Banquet

9:30- Dancing
12:30

Thursday, May 31, 1978

3:00 p.m. Commencement
Baltimore Civic Center

DUE TO RESTORATION WORK IN DAVIDGE HALL all reunion activities formerly held in Davidge Hall will take place at the Medical School Teaching Facility, 10 S. Pine Street.

FIVE-YEAR REUNION CAPTAINS

1929	William J. Sullivan, M.D. 11 E. Chase Street Baltimore, Maryland 21202 (301) 752-1710	1954	J. Walter Smyth, M.D. 550 N. Broadway Baltimore, Maryland 21205 (301) 276-1411
1934	Isadore Tuerk, M.D. 5606 Rockspring Road Baltimore, Maryland 21209 (301) 367-4226	1959	James P. Durkan, M.D. 5225 Windmill Lane Columbia, Maryland 21044 (301) 332-9554
1939	Raymond M. Cunningham, M.D. 3818 Patterson Baltimore, Maryland 21207 (301) 944-4224	1964	Salvatore R. Donohue, M.D. 5420 Springlake Way Baltimore, Maryland 21204 (301) 728-7924
1944	Walter K. Spelsberg, M.D. 13 Buchanan Road Baltimore, Maryland 21212 (301) 377-9792	1969	Mark Applefeld, M.D. Room 3-517 University of Maryland Hospital Baltimore, Maryland 21201 (301) 528-6721
1949	Richard C. Fravel, M.D. 516 Sun Life Building 20 S. Charles Street Baltimore, Maryland 21201 (301) 539-8220	1974	Bruce L. Regan, M.D. Room 1-617 University of Maryland Hospital Baltimore, Maryland 21201 (301) 528-6649

CLASS REUNION ACTIVITIES to be held in conjunction with the Alumni Association's Annual Reunion

- 1929 **Special Dean's Reception**, 14th floor Howard Hall Tower, May 29, 1979, 6:00 p.m.
- 1934 **Cocktail-Dinner Party**, Pimlico Hotel, May 29, 1979, 8:00 p.m.
- 1939 **Crab Feast**, Duffy's Restaurant, May 29, 1979, 5-7:00 p.m.
- 1944 **Splash Party**, May 29, 1979. For further details contact class captain.
- 1949 **Cocktail-Dinner Party**, May 29, 1979. For further details contact class captain.
- 1954 **Crab feast-Tennis-Swimming** at Bob Goldstein's, May 31, 1979, 1:00 p.m.
- 1959 **Dinner Party**, Steak and Rib Restaurant, May 29, 1979
- 1964 **Dinner Party**, Chiapparelli's Restaurant, Towson, May 29, 1979, 9:00 p.m.
- 1969 **Class Party**, Marling Farms on Maryland's Eastern Shore, May 29, 1979, 12:00 noon
- 1974 **Contact Class Captain**

1920's

Joseph Nataro '25 is looking forward to a trip to Baltimore this spring to attend his 54th class reunion. Retired and living in Fort Lauderdale, Florida, Dr. Nataro has become associated with a unique organization for retired physicians. In 1963, according to the AMA, there were about 10,290 retired physicians in the United States with over 10% of them living in Florida. In view of the fact so many of them resided in one area, Dr. Earl Rice suggested they form an association. And so, with considerable work at the outset, a small group organized the Association of Retired Doctors of Medicine of Broward County, Florida, Inc. whose first official meeting was held on December 7, 1959. The intent of the organization is to bring together the retired physicians for the purpose of mutual understanding, good fellowship and fraternal assistance. The aims of the association are not entirely selfish; volunteer work in state institutions, veterans hospitals and public health facilities is being explored. Some part time medical work has already been realized by a few members. For many years, the younger members of the Broward County Medical Society have invited their senior colleagues to an annual dinner and have extended many courtesies. In turn, the senior members stand ready to be of service—this past year by participating in the Broward County polio program and health fair.

The late Dr. **Zinn**, who passed away last year at the age of 90, was one of the original founding members of the association. Dr. Nataro recalls, as a student in 1921, Dr. Zinn was professor of ENT and bronchoscopy. Some of the active members of the association include **Dr. Nataro '25**, **Lewis Cass Richmond '25**, **Frederick T. Kyper '23** and **Samuel Fisher '30**. Dr. Nataro is very enthusiastic about the association and is justly proud of their accomplishments.



Photo by Jim Kurtz

J. Nataro '25

1930's

Myron L. Kenler '33 is retired and residing in Miami, Florida. He was a member of the staff of the student health service, University of Miami, Coral Gables, since 1969.

Marvin L. Slate '31 is enjoying retirement in High Point, North Carolina. He reports he is doing some of the things "which are enjoyable after giving 45 years of your life to your community."

William C. Dunnigan '35 is retired from private practice and resides in Timonium, Maryland.

Kennard Yaffe '38 is treasurer of the Baltimore City Medical Society.

1940's

H. Pearce Maccubbin '40 has left the private practice of internal medicine to become director of continuing medical education and head of the cardiac rehabilitation clinic at Winchester Memorial Hospital, Winchester, Virginia.

Arthur J. Owen '46 is a resident of Perring Parkway Nursing Home, Perring Parkway and Oakleigh Road, Baltimore, Maryland 21234, and would enjoy hearing from his friends, especially fellow classmates.

Earl L. Paul '46 is ill but ambulatory and resides at 3100 6th Street, South #207, St. Petersburg, Florida 33705. Dr. Paul and his wife, Evelyn, send their regards to all class members.

On February 1, 1979, **Leonard Bachman '49** became director of HEW's Division of Hospitals and Clinics, Bureau of Medical Services, Health Services Administration. Dr. Bachman had been Secretary of Health for the Commonwealth of Pennsylvania since January, 1973. Prior to that, he was chief of anesthesiology at the Children's Hospital of Philadelphia and professor of anesthesiology at the University of Pennsylvania. In addition to his clinical teaching appointments in Philadelphia, Dr. Bachman also served at Johns Hopkins Hospital and the Veterans Administration Hospital in Baltimore and was on the faculty of the Johns Hopkins University School of

Medicine. Dr. Bachman is a commissioned officer in the U.S. Public Health Service and previously was a medical officer in the U.S. Naval Reserve. He is a native of Baltimore, Maryland, is married to the former Sarah Jaffe, and has four children.



L. Bachman '49

1950's

Raymond M. Atkins '52 is serving as a member of the Board of Directors of the Baltimore City Medical Society.

Jonas R. Rappeport '52 was certified a Diplomate in forensic psychiatry by the American Board of Forensic Psychiatry and serves as chief medical officer of the medical services of the Supreme Bench of Baltimore City. Dr. Rappeport is presently associate clinical professor in the department of psychiatry.



J. R. Rappeport '52

Photo by Udel

Karl H. Weaver '53 is secretary of the Baltimore City Medical Society. Dr. Weaver is currently professor in the department of pediatrics.

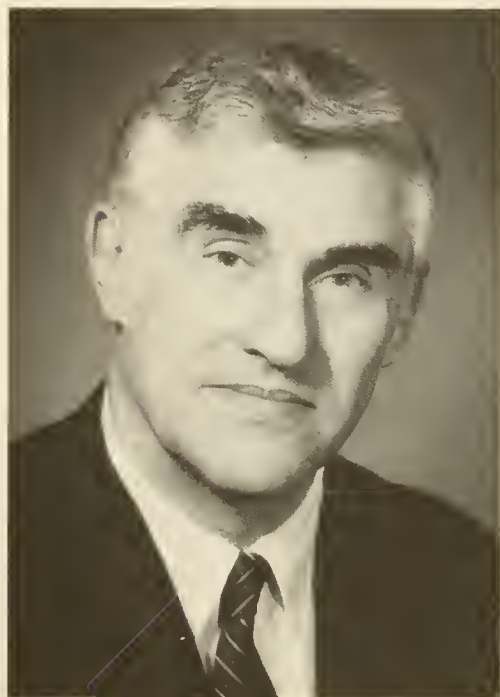


Photo by Mettee

J. J. Gunning '54

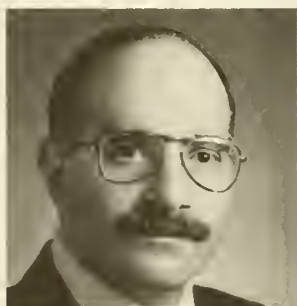
Jean-Jacques Gunning '54 of Baltimore, Maryland, is the new medical director of St. Agnes Hospital, a 462-bed Baltimore community teaching hospital. Before assuming his new post, Dr. Gunning served as associate professor at the University of California at Los Angeles Harbor General Hospital and is currently an associate professor at the Louisiana State University Medical School, New Orleans. He formerly was assigned as health care coordinator for Indochinese refugees at Camp Pendleton, California, where he was director of clinical services and chief of medicine.

While in the Navy in the late 1960's, Dr. Gunning was chief of medicine at the naval support hospital at Da Nang, Vietnam. He also saw duty in Indonesia and Taiwan, and in 1971 was a U.S. delegate to the Southeast Asia Treaty Organization medical planning conference in Bangkok, Thailand.

Dr. Gunning is certified by the American Board of Internal Medicine and a member of numerous professional organizations, including the Taipei International Medical Society and the American Society of Tropical Medicine and Hygiene.

Among the awards he has received are the U.S. Naval Meritorious Service Medal, the Armed Forces Legion of Merit award and the Community Service award of the city of Oceanside.

Carl Jelenko, III, '57 recently transferred to Wright State University School of Medicine, Dayton, Ohio, as professor in the departments of community medicine and surgery. In addition, he is director of the group in emergency medicine. Prior to joining the staff at Wright State, Dr. Jelenko was professor of surgery at the Medical College of Georgia, Augusta.



S. H. Brager '58

The newly expanded division of rehabilitation medicine at Maryland General Hospital, Baltimore, is under the direction of **Stuart H. Brager '58**, medical director of the division.

1960's

Angelea Webb Clark '61, practicing in North Las Vegas, Nevada, has been named to the executive council of the Clark County Medical Society for 1979.

Gerald C. Kempthorne '61, a family practitioner in Spring Green, Wisconsin, has become a member of the council of the State Medical Society. He also serves as chairman of the society's Commission on Mediation and Ethics.

Kenneth C. Ullman '69 was elected a Fellow of the American Psychiatric Association and was previously certified by the American Board of Psychiatry and Neurology. Dr. Ullman maintains a private practice in general psychiatry and medical hypnosis in the District of Columbia.

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Richard B. Hornick Accepts Charles A. Dewey Professorship

Dr. Richard B. Hornick, professor of medicine and director of the division of infectious diseases, left the school of medicine and hospital on January 1, 1979 after two decades on its faculty and staff, to become the Charles A. Dewey Professor of Medicine and chairman of the department of medicine, University of Rochester School of Medicine and Dentistry. He also assumed the position of physician-in-chief, Strong Memorial Hospital. Dr. Hornick was honored at a reception and dinner attended by his family and many of his friends and associates.

Tributes in recognition of his service to the medical school were delivered by Dr. Wilson H. Elkins, former president of the university, and Dr. John M. Dennis, vice chancellor and dean of the school of medicine. Sister Mary Thomas, director of the Mercy Hospital, Baltimore, expressed appreciation for his contributions as a trustee of the hospital. Adding to the gifts and academic accolades, Mr. Robert Russell, a close friend of the Hornicks, praised Dr. Hornick's high qualifications on the tennis court and his remarkable prowess in a goose pit, a duck blind or an open field in quest of game birds. Dr. Theodore E. Woodward, professor and chairman of the department of medicine, in presenting an overview of Dr. Hornick's academic career, placed his contributions in context with medical problems, both nationally and internationally, and the eminent credit he brought to the University of Maryland Medical School and Hospital.

Allen Schwartz Coauthors New Text

Childhood cancer is no longer hopeless according to two pediatricians who coauthored a new textbook on the subject.

The authors, Arnold J. Altman, M.D., associate professor of pediatrics at the University of Connecticut School of Medicine, and formerly a Baltimore resident, and Allen D. Schwartz, M.D. ('64), professor of pediatrics at the University of Maryland School of Medicine, each head the division of pediatric hematology and pediatric oncology at their respective schools.

In the book, titled *Malignant Diseases of Infancy, Childhood and Adolescence*, they note that the increasing complexity of knowledge about cancer, and diagnosis and treatment of the disease, means a single physician cannot handle all phases of the disease.

Appointments and Promotions

PROFESSOR: Martin M. Eisen, Ph.D. in Epidemiology and Preventive Medicine; David C. Green, M.D. in Surgery

ASSISTANT PROFESSOR: Bruce W. Berger, M.D. in Surgery (Urology); Karen M. Lichtenfeld, M.D. in Medicine; William E. Randall, Jr., M.D. in Medicine; Robert M. Shannon, M.D. in Medicine; Eugene D. Albrecht, Ph.D. in Physiology; Judith C. Lovchik, Ph.D. in Microbiology; Marc B. Lipton, Ph.D. in Psychiatry; Michael H. Keleman, M.D. in Medicine; Willie Q. Cartwright, M.S. in Pathology (Medical Technology); David A. Van Echo, M.D. in Medicine

CLINICAL ASSISTANT PROFESSOR: Wilbur Guy Fiscus, M.D. in Medicine; Richard B. Williams, M.D. in Medicine; William C. Wimmer, M.D. in Psychiatry; George M. Breza, M.D. in Medicine; Louis M. Glick, M.D. in Medicine; Victor E. Mazzocco, M.D. in Medicine; Wayne C. Spiggle, M.D. in Medicine; Michael J. Bisco, M.D. in Psychiatry; Kenneth G. Orloff, Ph.D. in Pathology; Clint R. Crooks, Ph.D. in Pathology; Anthony DeMunecas, M.D. in Medicine; Wally S. Hijab, M.D. in Medicine; Joseph B. Aquilla, M.D. in Ophthalmology

Instructor: Vivi-Anne W. Griffey, M.S. in Pathology (Medical Technology); Katherine A. Johnson, B.S. in Pediatrics; Douglas W. Heinrichs, M.D. in Psychiatry; Deepika Krishnaprasad, M.B.B.S. in Anesthesiology

CLINICAL INSTRUCTOR: Thomas G. Johnson M.D. in Family Medicine; Lawrence I. Silverberg, D.O. in Family Medicine

RESEARCH ASSOCIATE: Daniel G. Branstetter, D.V.M. in Pathology; Dee Burton, Ph.D. in Epidemiology and Preventive Medicine; Ellen J. MacKenzie, Ph.D. in Epidemiology and Preventive Medicine; Hamed K. El-Agizy, M.D. in Ophthalmology; Constance M. McDonnell, M.M.H. in Epidemiology and Preventive Medicine

On March 3, 1979, **William Yudkoff '29**, Bayonne, New Jersey. Dr. Yudkoff was chief of roentgenology at Fairmont and Jewish Hospitals, Jersey City, New Jersey.

On August 22, 1978, **Abraham M. Kleinman '30**, Bronx, New York, at the age of 71. He was former director of the Veterans Administration Hospital, Bronx, New York and professor emeritus in the department of administrative medicine at Mount Sinai School of Medicine, New York City.

On November 19, 1978, **John F. Kilgus, Jr. '31**, Avon, Connecticut, at the age of 74. Until his retirement in 1973, he served 22 years as chief of health services for the State Department of Health.

On March 6, 1979, **Walter Kohn '31**, Baltimore, Maryland, at the age of 72. Until his death, Dr. Kohn maintained an active practice in general medicine. He was a national vice president of the Phi Lambda Kappa Medical Fraternity and served in the Navy during World War II, achieving the rank of lieutenant commander.

On February 12, 1979, **Alpheus C. Newman '32**, Salisbury, Maryland, at the age of 72. Retired in 1976, Dr. Newman practiced dermatology in Salisbury for more than 25 years.

On December 4, 1978, **Charles S. Harrison '39**, Clarksburg, West Virginia, at the age of 64. Dr. Harrison was former chief of the department of obstetrics and gynecology at the United Hospital Center and a Fellow in the American College of Obstetrics and Gynecology and the American College of Surgeons. He served as president of the Harrison County Medical Society in 1975-1976.

On December 24, 1978, **Lois I. Platt '46**, Fairfax, Virginia. Dr. Platt was retired associate professor emeritus in pathology (cytology) at George Washington University Medical School, Washington, D.C. Dr. Platt also was associated with the Center for Disease Control, United States Public Health Service, Atlanta, Georgia.

On March 4, 1979, **Leon Donner '51**, Baltimore, Maryland, at the age of 60. A native Baltimorean, Dr. Donner taught in the city elementary schools for 12 years before he entered medical school and became a pediatrician.

On February 15, 1979, **Marvin F. Saiontz**, Marriottsville, Maryland, at the age of 40. He was president of the graduating class of 1964. Following internship in 1967 and 1968, Dr. Saiontz received a Johns Hopkins fellowship to continue his studies in internal medicine. Dr. Saiontz graduated from the University of Maryland School of Pharmacy in 1959.

Wade Garner '27, Sanford, Florida, July 20, 1978

Raymond F. O'Connor '34, Punxsutawney, Pennsylvania

Charles W. Hoffman, Jr. '37, Hialeah, Florida, November 25, 1978

Albert Winer '38, Chevy Chase, Maryland, September 8, 1978

NOTES for the NEWS

The BULLETIN likes to keep track of Alumni in the news. Have you changed jobs recently or relocated? Have you published, had honors bestowed or been involved in civic activities?

Send information, clippings and photos to:

Merrill J. Snyder, Ph.D.

Editor, BULLETIN

University of Maryland

School of Medicine

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Baltimore, Maryland 21201

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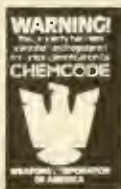
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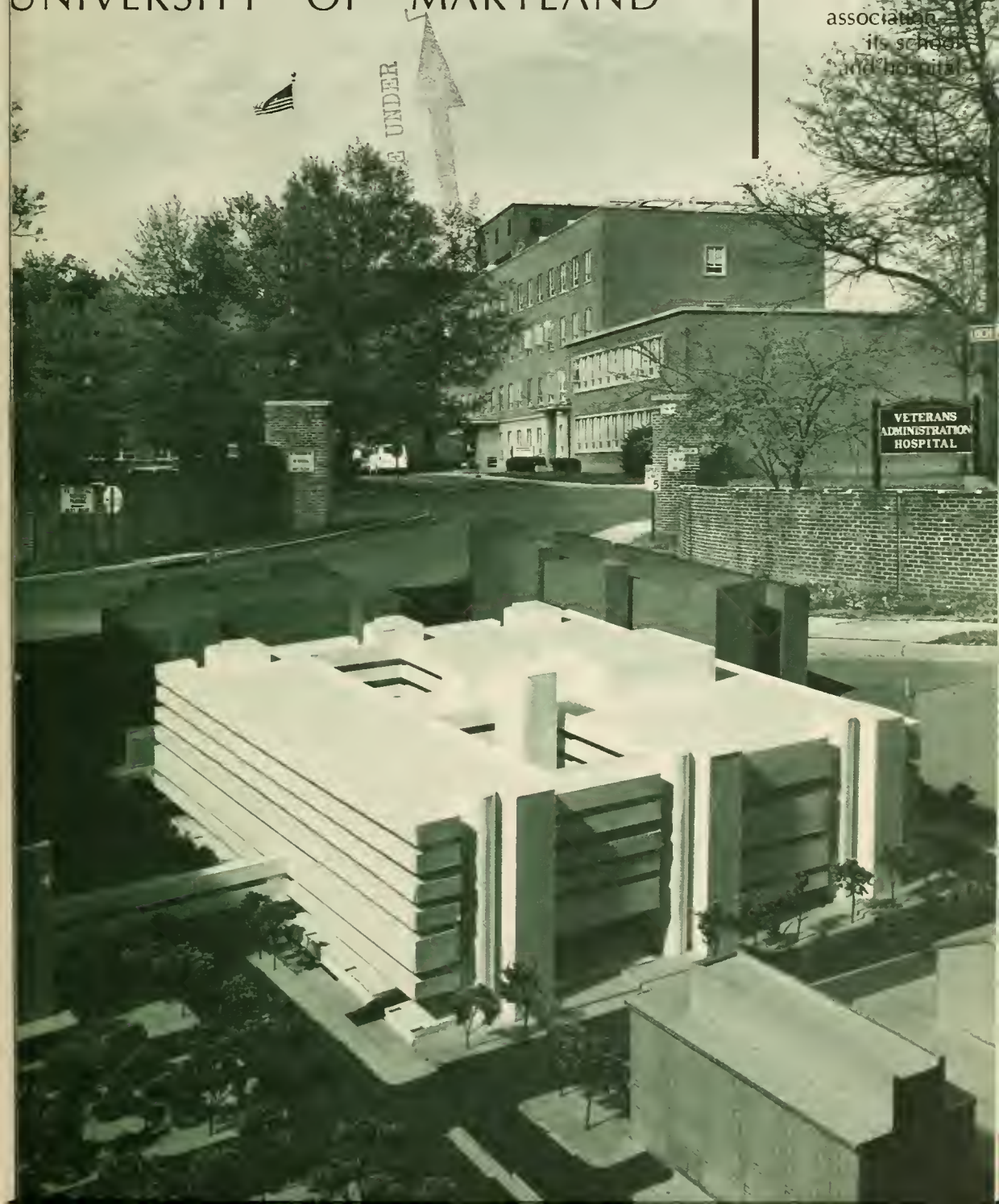
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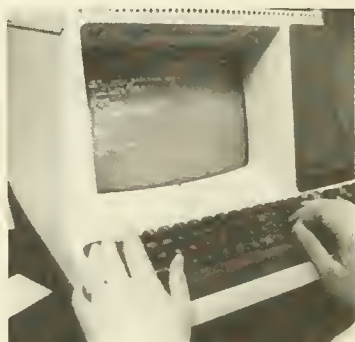


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COVER: The Veterans Administration facility now located in Baltimore City and a model of the proposed Veterans facility to be located on the UMAB campus. Closely related to the University, but not under its direct control, the proposed facility is part of a plan of the Veterans Administration to revamp its service program to the Baltimore region. Shortly before going to press, the BULLETIN was advised of a redesignation of field facilities by the Veterans Administration to more clearly reflect to both the veteran and public the scope of services. Thus the facility referred to in our feature article as "hospital" is now known as Veterans Administration Medical Center. Located on a block of land in the northeast corner of the campus, the new medical center will be linked by a connecting bridge to the University of Maryland Hospital which should strengthen further the interrelationship between the physicians and staff of the two institutions.



THE VA CONNECTION: A Vital Link to the School of Medicine

Dianne T. Burch
Morton I. Rapoport, M.D.

The mission of the Baltimore Veterans Administration Hospital, Loch Raven (BVAH) has changed since it opened on October 26, 1952. Then the hospital, dedicated to serving those who served our nation, embarked on an all-out crusade of its own—the battle against tuberculosis which was a major health threat, particularly among veterans, at that time. During the dedication ceremonies Dr. Irvin J. Cohen, first manager of the hospital, stated: "There are so many veteran patients with tuberculosis in the Baltimore area, we could fill the hospital twice-over right away."

In a very short time, the BVAH established itself as one of the nation's leading hospitals focusing on research and treatment of tuberculosis by both medical and surgical measures. Major discoveries and advances were made at the BVAH and the hospital participated in a series of cooperative studies of the chemotherapy of tuberculosis.

From the start, research conducted at the BVAH shed light on methods of disease prevention. Early studies on airborne infections still are cited as fundamental references in that field. Indeed, it was a series of studies conducted by investigators at the BVAH that served in part as the basis for the current ambulatory out-patient regimens for control of tuberculosis.

By the mid-1960's, based on the work conducted at the BVAH and elsewhere, the need to hospitalize veterans with tuberculosis diminished enormously. Furthermore, the small number of patients with tuberculosis who did require hospitalization could be cared for in acute general hospitals.

During this time, the Fort Howard VA Hospital, located at the eastern end of Baltimore County, had an acute general medical and surgical mission. Additionally, the Perry Point VA Hospital, located in Perryville, Maryland, had a major mission in psychiatry as well as small, active surgical and medical services. Because a dedicated chest hospital was no longer needed and the other two VA hospitals were less than ideally located to serve the veteran population of Maryland, the decision was made in 1967 by the Regional Medical Director, VA Central Office personnel, the Deans' Committee (comprised of representatives from both Johns Hopkins and the University of Maryland School of Medicine) and the directors of the Baltimore, Fort Howard and Perry Point VA Hospitals to transfer to the BVAH the major programs of acute general medicine and surgery. Furthermore, it was determined that the veteran patient population could best be served by concentrating all surgical services for the three VA hospitals in Maryland through expansion of the

number of surgical beds from 43 to 109 at the BVAH and by phasing out the surgical services at Ford Howard and Perry Point.

During the late 1960's, the University of Maryland School of Medicine greatly strengthened its program, faculty and resource development in cooperation with the leadership of the BVAH and the Central Office.

In 1969, an aggressive effort to develop academic excellence was begun. Initially the thrust was concentrated in internal medicine. However, this drive was extended to pathology, surgery and radiology. Young, enthusiastic, and intellectually vigorous faculty joined the BVAH staff, enhancing the institution's teaching and research.

Innovative and occasionally experimental clinical programs were designed. An unusual program in clinical pharmacy was developed in which clinical pharmacists under supervision provided direct primary care to patients, including uncomplicated hypertensive and anticoagulated patients, enrolled in drug maintenance programs. In addition, a system of medical audit was introduced which used the problem-oriented record. Some of these new developments became model systems for later adoption by the Department of Medicine and the University of Maryland Hospital as a whole.

An integrated program of in-patient and out-patient services was established. The procedure for medical admissions was converted to one with residents serving as admitting officers under supervision. Formal medical grand rounds, various specialty conferences, journal clubs and a model morbidity and mortality conference were introduced to the BVAH. The latter conference, termed the M&M Conference, became immensely popular and later was copied by hospitals in our area. A new program of care for patients with drug and alcohol-associated problems was developed by members of the medical service and the GI section specifically.

In addition, programs of clinical research were emphasized. A Research and Education Committee was appointed to provide counsel and direction to the new faculty attracted to the BVAH. Then, as today, committee members included representatives of the hospital, the University of Maryland and the Johns Hopkins medical institutions. Soon research flourished in all divisions and funding notably increased. Indeed, current research funding for the hospital is in excess of one-half million dollars yearly. Since faculty salaries and administrative support are independent of research awards, financial support for research is free of overhead. Productivity, as measured by publications, has exceeded all expectations; last year over 50 papers were published in refereed journals.

In order to appreciate fully the BVAH's impact on

the education of our medical students, one must look at the principal clinical services.

Medical Service

To develop an academic faculty in internal medicine, clinicians and investigators were recruited in general medicine and in various subspecialties including infectious diseases, cardiology, gastroenterology, pulmonary diseases, endocrinology-metabolism and rheumatology. Integrated relationships developed with each of the counterpart divisions at the University of Maryland Hospital. The divisions of nephrology, dermatology, nuclear medicine and hematology began support for the VA program on a consultative basis.

Although a meaningful interplay between the BVAH medical service and the School of Medicine had existed since the hospital was opened, in recent years this integration has become complete. All elements of the educational program of the medical service are incorporated into the curriculum. Faculty, houseofficers and students are assigned on rotation to the BVAH. In addition, family medicine residents also rotate at the BVAH as well as some post-doctoral fellows on the medical service.

Currently, the sophomore medical students receive one-half of their instruction in physical diagnosis at the BVAH. The junior clinical clerkship in Medicine includes six weeks at the University of Maryland Hospital and six weeks at the BVAH. During the senior year, approximately one-half of the class receives medical training at the BVAH. It is apparent that the BVAH plays a significant role in the training of all medical students.

The medical service is organized to maximize the generalist orientation of the faculty. Heavy emphasis on total faculty involvement in the teaching of physical diagnosis and in patient care has been a tradition at the BVAH. At the same time, a high degree of sophistication in education, service and research has developed in medical subspecialties; infectious diseases, cardiology, gastroenterology and endocrinology, to name just a few. Indeed, the blend of general and specialty medicine has followed the established policy in the school's Department of Medicine.

A strong program in neurology has been maintained at the hospital. Students and medical residents have made this an exceedingly popular elective since its inception. In addition, nuclear medicine, pulmonary diseases, hematology, rheumatology and nephrology services are provided by full-time or part-time faculty on a rotational basis from the University of Maryland Hospital. Educational and service needs in oncology are provided by faculty from the Baltimore Cancer Research Center.

The medical service contains four general medical units which total 144 beds. Each unit is serviced by a medical teaching team of one attending physician, one second year resident, one or two first year residents, two senior medical students and four junior medical students. An office is provided for each team where they meet daily to discuss cases. Also, a conference room on each medical service unit is available and convenient for teaching purposes as well as for impromptu conferences.



CCU—Dr. George Moran and Dr. Stephen A. Valenti aided by Ms. Eva Amerson

Ambulatory Services

Although Ambulatory Services is distinct from the medical service, it interfaces closely with medicine. Both third and fourth year medical students assume clinical responsibility in the out-patient department under faculty supervision. During the screening clinic rotation, students are taught episodic care within an integrated episodic care program. Eighty to 150 patients per 24 hour shift are seen in the screening/emergency facility staffed by students, houseofficers and nurses. A well-organized, written curriculum in episodic care developed as an out-growth of primary care training at the BVAH.

Ambulatory services at the BVAH rely heavily on physician extenders, such as primary care nurse practitioners and clinical pharmacists. As part of the new thrust in ambulatory medicine, collaborative educational programs with the School of Pharmacy and the School of Nursing at the University of Maryland have been undertaken.

The large volume of patients seen in the specialty and general medical clinics could not be accommodated efficiently if it were not for the utilization of primary care nurse practitioners. Approximately 60,000 patients visit the hospital's ambulatory service clinics yearly.

As noted above, the process of medical audit instituted at the BVAH served as a model for the University of Maryland Hospital program. Three types of audit are routine: Joint Commission for Accreditation of Hospitals, care-by-care, and terminal. The care-by-care audit is conducted by a senior staff physician in both the screening and medical clinics. The terminal audit is conducted daily and includes all those involved in a particular patient's release—students, houseofficers, nurses, physicians, etc. Such face-to-face audit is required in the screening clinic and is optional in the medical clinic. Medical students are expected to discuss all cases.

Pathology (Laboratory Service)

The laboratory service of the BVAH is integrated with the laboratory service at the Fort Howard VA and comprises more than 60 professionals and technicians. Faculty in the laboratory service hold appointments in the University of Maryland School of Medicine. VA-based faculty participate in the second year course in pathology and, in addition, students frequently select elective pathology courses at the BVAH. Furthermore, residents in pathology rotate through the laboratory service. Members of the laboratory service participate in independent research investigation and simultaneously work with ongoing research programs in the School of Medicine.

Clinical subspecialties of the laboratory service, blood banking, hematology, chemistry (routine and special), microbiology, serology and immunology and anatomic services including surgical pathology and autopsy, have been emphasized in this department.



Scanning Electron Microscope—Ilona Kessell, graduate student in department of pathology

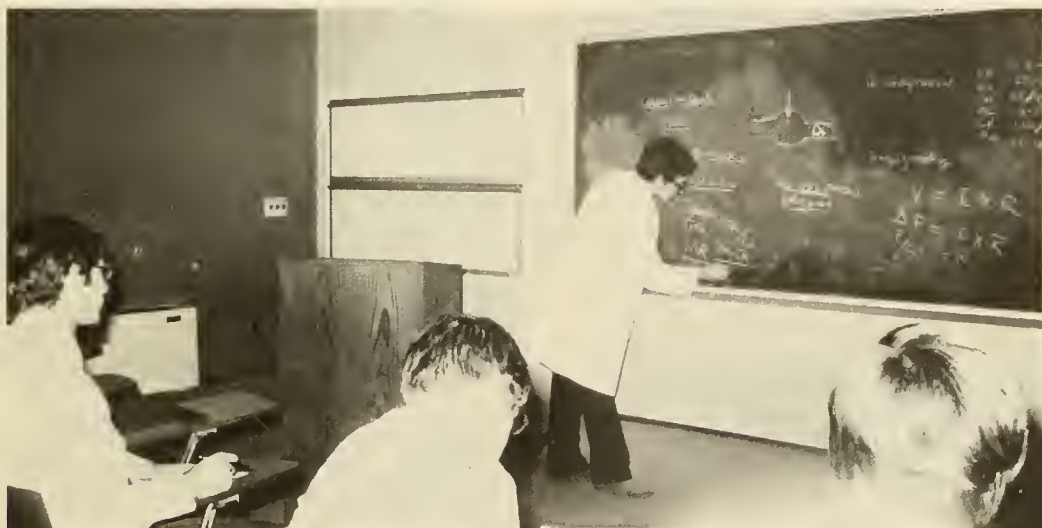
The laboratory is fully automated and approximately half of the workload in the laboratory service is assigned to diagnostic chemistry. The special chemistry section contains the specialized instruments necessary for the performance of tests that are required to support cancer research and treatment. The liquid chromatography unit and radioimmunoassay technology are also fully developed.

The electron microscopy facility at the BVAH complements that at the School of Medicine. The emphasis at the BVAH is on the chemical and analytical use of electron microscopy on clinical specimens, whereas the major concern at the School of Medicine facility is morphological and only minimally devoted to analytical studies.

Research on the Psychiatry Service emphasizes drug abuse and related problems. The service participates in a VA cooperative study of the use of methadone and antabuse for drug-addicted patients who have turned to alcohol. In addition, support from the NIH has been obtained for studies of narcotic agonists and antagonists.

Surgery

Although the General Surgical Service is under the direction of the Johns Hopkins School of Medicine Department of Surgery, there have been changes which allowed development of a University of Maryland presence in the surgical and surgical subspecialty programs. Surgical residents and students are



Classes held in new education wing—Dr. Michael Fisher

Psychiatry Service

The Psychiatry Service encompasses a drug abuse treatment unit and a small in-patient facility combined with an emergency service. The type of care rendered is predominantly that of crisis intervention. Twenty in-patient beds are available on the Psychiatry Service as well as facilities for comprehensive psychiatric care.

Students are assigned to the BVAH Psychiatric Service on an elective basis. The service is popular among the students in the Combined Accelerated Program in Psychiatry (CAPP). Additionally, undergraduate psychology and social work students receive part of their clinical training at the BVAH.

A family therapy training program is being developed as an offshoot of the family therapy counseling service offered to patients on a consultative basis.

rotating through the BVAH in increasing numbers. The urology program at the BVAH is supervised by School of Medicine faculty and the residency program is also integrated.

Radiology

The Radiology Service has undergone major technologic improvement. Expansion of diagnostic facilities combined with recruitment of quality faculty has provided quality service and educational experiences for students and residents. Faculty from the School of Medicine participate in the radiology program as consultants in specific specialty areas.

Facilities

Concurrent with the development and expansion of the professional services, major improvements in

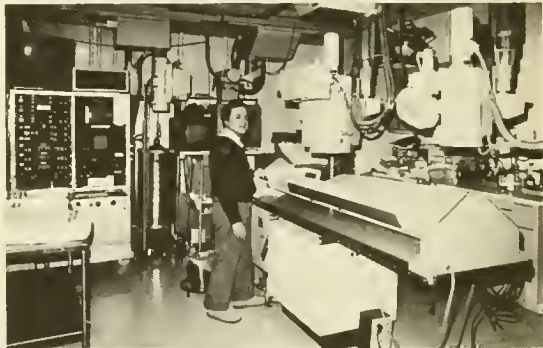
the physical plant and patient care facilities have occurred. Timely construction and improvements in key hospital areas have been made in response to educational and service needs.

A highly specialized metabolic ward known as the Special Diagnostic Unit is used to study patients with conditions requiring close monitoring, detailed metabolic investigation or sophisticated study while being treated with new drugs. Although there are only four beds, ambulatory patients also are tested in the unit. The special diagnostic unit has its own kitchen, facilitating strict dietary control.

An alcohol detoxification unit has been established at the BVAH. Unlike most detoxification units which keep patients for periods of 20 days or more, patients brought into the BVAH unit stay for only five days and then are moved to facilities suited to their particular problems, such as half-way houses, or are returned to the community where they meet with counselors as needed. Experience has demonstrated that the recidivism is no greater with the shortened stays. Drug abuse cases, other than alcohol-related, are treated by the Department of Psychiatry. However, a great deal of cooperation exists between the two departments. In fact, all alcoholism and drug abuse patients, most of whom are ambulatory, are housed on the same ward.

A seven-bed medical intensive care unit and a six-bed coronary care unit are available for acutely ill patients. The coronary care unit provides simultaneous, complete monitoring of all patients on the six-bed unit. Patient histories, cardiograms, blood pressure, etc. can be displayed instantly on the computerized central monitors. In addition to the modern monitoring equipment which "watches" the patients, separate, glass-walled private rooms insure staff surveillance of each patient.

Particularly noteworthy is a well equipped cardiac catheterization laboratory in which more than 200 procedures are performed annually. On-going research designed to coordinate and validate non-invasive studies with traditional catheterization techniques has been conducted in this laboratory for more than six years.



Cardiac Catheterization Lab—Melvin Fink, X-ray Technologist

The housestaff quarters are an example of the effort of the BVAH to meet the social needs of house-officers and students. Although not lavish by any measure, the sleeping quarters include a large area with a pool table, a color TV, a stereo and amenities that make it (almost) homelike. The six rooms, originally intended for two people each, now include two sets of bunk beds in two of the rooms to accommodate the expanded and co-ed housestaff.



Lounge area in House Staff Quarters

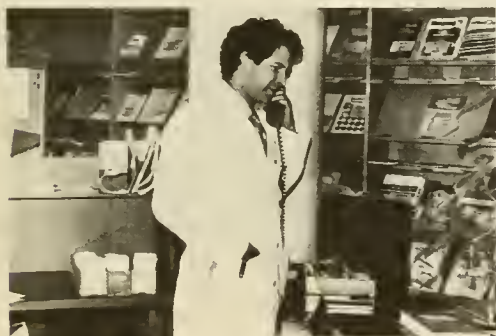


Modern patient room



Medical Library—Ms. Elaine Westwood, Librarian

Another pleasant retreat is the library which is located on the ground floor. Bright and spacious, the library is termed an "excellent facility" with an extensive collection of books, material on micro-film, Medline search capabilities and a comprehensive journal collection.



Dr. John Robinson answers a page in Current Periodical Room of the Library

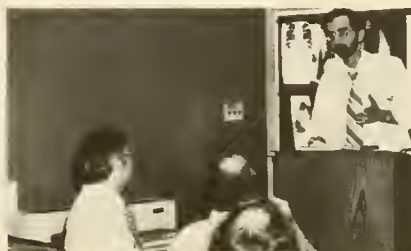
Recent construction at the BVAH created an all-new education wing on the third floor. This wing, which serves as a comfortable site for medical grand rounds and other conferences, is designed in a modular manner to accommodate groups of varying sizes readily, merely by rearranging the walls.

Overview

None of the developments at the BVAH including recruitment of outstanding clinical faculty would

have occurred without the cooperation and leadership of the director of the hospital, Dr. Raymond Lipin. With his support and his experience in the VA system, opportunities for growth and collaboration have been maximized. The School of Medicine has been fortunate in having strong leadership at the BVAH throughout this period of program development and expansion.

Within the next five years, a new VA Hospital will relocate on the campus of the University of Maryland at Baltimore. The site for the replacement hospital has been selected, which is now a surface level parking lot directly across Baltimore Street from the University of Maryland Hospital.



New education wing—Dr. Alfred Saah, Fellow in infectious diseases

The acute care replacement hospital will provide 400 beds: 220 medical, 120 surgical and 60 psychiatric. At that time, BVAH, Loch Raven, will be renovated to provide 250 beds including 60 intermediate medicine, 80 rehabilitative medicine, 30 psychiatric, and 80 nursing home care beds. The Perry Point VA Hospital which is located 60 miles northeast of Baltimore will continue in operation with 950 beds, allocating 80 to internal medicine, 470 intermediate medicine, 320 psychiatric, and 80 nursing home care. Present plans call for site preparation for the new VA Hospital to begin in fiscal year 1980 with completion of the on-campus hospital scheduled for fiscal year 1984.

The new VA Hospital will be connected to University of Maryland Hospital by an enclosed bridge across Baltimore Street which should provide the final tangible tie for patient, housestaff, faculty and student between the two institutions that typifies our continuing relationship.

Acknowledgements

The authors gratefully acknowledge the assistance of concerned individuals at the BVAH in providing background for this article, including: Dr. Robert Berson, Chief of Staff; Dr. Frank Calia, Chief of Medicine; Dr. Herbert Kushner, Chief of Ambulatory Services; Dr. Andrew Saladino, Chief of Pathology; Dr. Charles Savage, Chief of Psychiatry; and Mr. Robert Merenbloom, Administrator for Research and Development.

ELISHA BARTLETT

1804-1855

Clinician, Scholar, Politician, Philosopher
Second Professor of the Theory and Practice of Medicine
Author of First Major Treatise on Febrile Illnesses

Theodore E. Woodward, M.D.

This is the third in a series of biographical sketches of former Chairmen of the Department of Medicine.

Elisha Bartlett was born on October 6, 1804, at Smithfield, Rhode Island, son of Otis and Waite Bartlett, who were highly respected members of the Society of Friends. His early education was under the auspices of this Society and soon he acquired all of the unostentatious virtues which characterized that sect. Elisha obtained a most finished classical education under Jacob Willett, a celebrated teacher of the "Friends Institution" in New York. Subsequently, he attended medical lectures in Boston and Providence and graduated as M.D. at Brown University, Providence, in 1826. This was a year before Brown closed its doors as a medical school.

Soon after graduation, Bartlett spent a year pursuing medical studies under distinguished professors in Paris, France, and in classical Italy. It is clear from his biographies of leading French clinicians and surgeons that Bartlett was broadly informed, a critical scholar and one whose writings were objectively constructive and perceptive. Particularly remarkable were his descriptive and interpretative sketches of Dupuytren and Broussais. In 1828, he was offered the Chair of Anatomy in the medical school of Woodstock, Vermont, which honor he declined. He did present a series of lectures at this medical school for a number of years, particularly during summer sessions. (See figure 1)

In 1827, at the age of twenty-three, he settled at Lowell, which became his home for about two decades. Here he established a medical practice and became the town favorite principally because of deep interest in the physical welfare of the townsmen (Osler). In 1836, because of his wide popularity and scholarly attitudes, he was elected as

the first Mayor of Lowell, re-elected at the end of his first term and, afterward in 1840, honored by election to the legislature of Massachusetts. He was a member of the Massachusetts Board of Education. A statesman and not a politician, Bartlett soon abandoned political life for the more congenial one of a medical teacher.



Original site of Vermont Medical College, Woodstock, Vermont

Bartlett held professorships in various branches in medical schools in the north, west and east, nine in all, according to Professor William Osler, who wrote a sketch of him. In 1832, Bartlett held his first teaching position, that of Professor of Pathological Anatomy and of Materia Medica in the Berkshire Medical Institute in Pittsfield, Massachusetts. This chair was held for eight sessions. It was possible to teach in several medical schools in any one year because curricula in all schools were short. More than likely, Bartlett lectured both at Woodstock and Pittsfield by arranging schedules that did not conflict.

Bartlett then held a Chair of Practice for one year in the Medical Department of Dartmouth College, Hanover, New Hampshire. In 1841, he was called to the Chair of Theory and Practice of Medicine in the Medical Department of Transylvania University, Kentucky, which he occupied for three years with considerable success. His instruction was highly appreciated by his colleagues and most acceptable to students.

An item of interest is a comment Bartlett made of Nathan R. Smith in a letter following a visit he made to Baltimore in September, 1841.

Day before yesterday, I spent with Dr. Nathan R. Smith, at Baltimore, on my return from Washington. I found him very attentive and hospitable. He took me into his gig and went to see some of his patients. He has a pretty large surgical practice, and is, I should think, a man of excellent sound sense, industrious and devoted to his profession—not so great a man as his father, but a very capital good fellow. (Letter to his friend, Green, of September, 1841. Cited by W. Osler: Elisha Bartlett, A Rhode Island Philosopher, in An Alabama Student and Other Biographical Essays, Oxford University Press, London 1908, p. 120)

Undoubtedly, this pleasant encounter had much to do with Bartlett's invitation to assume the Chair of Theory and Practice after Potter's death. Nathan Smith was Dean of the Medical Faculty in 1841, when Bartlett first visited at Maryland. In 1844, Bartlett accepted a call to the Chair of the Theory and Practice of Medicine at the University of Maryland School of Medicine in Baltimore, which chair he held from 1844 to 1846.

Of interest was Bartlett's failure to mention Potter in any of his medical writings, particularly the treatise on fevers in which Bartlett condemned Rush for his concepts of contagiousness of yellow fever as well as his excessive use of calomel. Potter was the first to disagree with Rush on contagion as early as 1793. Apparently, Bartlett's views of Potter were influenced by his predecessor's hypothetical and theoretical concepts of medicine and his failure to accept changes in either teaching concepts or medical practice.

Bartlett's appointment to the Chair of Medicine at Maryland was propitious. In spite of a short tenure of three or four curricular sessions during 1844 and 1845, he was eminently successful in inculcating a desire in students for factual knowledge rather than hypothetical concepts. In this he had full collaboration and assistance of younger faculty members who had preceded him in Baltimore but who needed his scholarly leadership. During his stay in Baltimore, his publication, *An Essay on The Philosophy of Medical Science*, appeared and presumably he was at work on his second edition of the monograph on

fevers which was brought out in 1847. The latter contained much additional material to the first edition of 1842 which bore a different title.

A teacher and clinical scholar of Elisha Bartlett's caliber could not help but spark students, who were eager to become the finest of clinically oriented physicians, as well as the faculty which wished to regain its leadership role in medical education.

Bartlett's friend, Elisha Huntington, wrote glowingly of his role as a professor which character he undoubtedly displayed when he was at Maryland. Huntington said:

Never was the professor's chair more gracefully filled than by Dr. Bartlett. His urbane and courteous manners, his nature and simple eloquence, the singular beauty and sweetness of his style, all combined to render him one of the most popular and attractive of lecturers. The driest and most barren subject under his touch became instinct with life and interest, and the path in which the traveler looked to meet with briars and weeds only, he was surprised and delighted to find strewn with flowers beautiful and fragrant. There was a magic about the man you could not resist (op. cit., p. 126).



Elisha Bartlett, M.D., Professor of Theory and Practice of Medicine, 1844-1846

These special and unique traits as a stimulating and persuasive teacher were undoubtedly responsible for the demands placed upon him by many medical schools which made him the leading peripatetic professor of the day.

In May of 1845, with his wife, he sailed for Europe and spent the next winter traveling about, chiefly in Italy. On his return from Europe, he resumed his old chair in Transylvania Medical College at Lexington, Kentucky, teaching for another three years. Here he worked hard on the second edition of his book on fevers. From Lexington, he went to Louisville in March, 1849, to deliver a course of medical lectures in the medical school. Apparently, at this time, Bartlett began to manifest signs of ill health. He spent but one session at Louisville since he found the condition of medical politics unsatisfactory. Bartlett also gave summer lectures at Woodstock, Vermont, and other places.

Bartlett then accepted the Chair of the Institutes and Practice of Medicine at the University of New York in 1850, a post which he did not find congenial. It is of interest that one of his associates at this university was Granville Sharp Pattison, former Professor of Anatomy, celebrated surgeon and duelist at Maryland. In 1852, he was elected to the Chair of *Materia Medica* and Medical Jurisprudence at the College of Physicians and Surgeons of New York where he continued for three years, lecturing until 1854. Bartlett had the rare congenital malformation of complete transposition of the viscera which, in no way, constituted a handicap for him. Compelled by failing health, he retired from his position to live in Smithfield, his original home. After a long and lingering illness characterized by paralysis but retention of his mental faculties, he died on July 19, 1855. His partial paralysis of the lower extremities with torturing neuralgia and final softening of the brain was thought by him to have resulted from lead poisoning contracted through the use of water that had passed through lead pipes for a considerable distance. Most biographers have agreed that Bartlett's slowly progressive, disabling illness was a neurological disorder and nothing suggested that his disease was of developmental origin related to his situs transversus. Bartlett was buried at Smithfield where he spent his happy youth and waning years.

Bartlett was one of those American physicians who had trained in Paris and learned the value of statistical evidence, largely from Louis, who reacted strongly against the widespread belief in medical systems. Opposition was expressed against the use of a drug which was supported and dependent upon theoretical speculations. Conceivably, Bartlett's infirmity may have come from his Parisian experience. Bartlett, when Professor of Medicine at the University of Maryland, along with T. D. Mitchell of Tran-

sylvania University (T. D. Mitchell: *Calomel Considered as a Poison*, New Orleans Med. Surg. J. 1:28, 1844-45), wrote of calomel in his famous essays:

It is constantly administered—on all occasions—in all diseases—and in all their stages. It had, literally, in some instances, been made an article of daily food—sprinkled upon buttered bread and mixed with it before baking! I suppose it is no exaggeration to say, that there is more calomel consumed in the valley of the Mississippi and its tributaries than in all the world beside. (Elisha Bartlett, An Essay on the Philosophy of Medical Science, Philadelphia, Lea and Blanchard, 1844, p. 238)



Residence of Elisha Bartlett, Slatersville, Rhode Island

The beautiful and sterling traits of the character of Doctor Bartlett were most happily portrayed by the distinguished medical professor and poet, Oliver Wendell Holmes, in the *Boston Medical and Surgical Journal*, August 16, 1855, from which a few fitting extracts are highlighted:

Hardly any American physician was more widely known to his countrymen, or more favorably considered abroad, where his writings had carried his name. His personal graces were known to a less extensive circle of admiring friends. . . . To them it is easy to recall his ever-welcome and gracious presence. On his expanded forehead no one could fail to trace the impress of a large and calm intelligence. . . . A man so full of life will rarely be found so gentle and quiet in all his ways. . . . The same qualities which fitted him for a public speaker naturally gave him signal success as a teacher. Had he possessed nothing but his clearness and eloquence of language and elocution, he could hardly have failed to find a popular welcome. . . . He had a manner at once impressive and pleasing, a lucid order which kept the attention and intelligence of the slowest hearer, and attractions of a personal character

always esteemed and beloved by students. . . . Yet few suspected him of giving utterance in rhythmical shape to his thoughts or feelings. It was only when his failing limbs could bear him no longer, as conscious existence slowly retreated from his palsied nerves, that he revealed himself freely in truest and tenderest form of expression. We knew he was dying by slow degrees, and we heard from him from time to time, or saw him always serene and always hopeful while hope could have a place in his earthly future . . . when to the friends he loved there came, as a farewell gift, . . . a little book with a few songs in it—songs with his whole warm heart in them—they knew that his hour was come, and their tears fell fast as they read the loving thoughts that he had clothed in words of beauty and melody.

Among the memorials of departed friendships we treasure the little book of 'songs' entitled *Simple Settings in Verse for Six Portraits from Mr. Dickens' Gallery*, Boston, 1855—his last present, as it was his production.

Another friend, Dr. Alonzo Clark, of New York, wrote of him:

His acknowledged worthiness, his innate gentleness and modesty, disarmed envy. He left no enemies. His mind and purpose were pure almost beyond example. His high mental endowments were controlled and directed by a considerable judgement and an earnest, benevolent heart.



The grave of Elisha Bartlett in Slater Family plot, Slatersville, Rhode Island, is marked by a broken headstone.

Doctor Bartlett took part in journalistic ventures in early life, but his most famous work was that on fevers which went through four editions and which immediately placed him in the front ranks of American physicians of his time. The book was entitled

The History, Diagnosis and Treatment of Typhoid and Typhus Fever and was published by Lea and Blanchard, Philadelphia, 1842. This was the first worthwhile, systematic discussion of typhus with minute analysis of symptoms. For example, he quite correctly described the rash which "varied from the second to the thirteenth day. . . ." but in more than half the entire number, it appeared on the fifth or sixth day; and in three-fourths, it appeared from the fourth to the seventh day. In forty-eight cases, the eruption began to decline at different periods, from the eighth to the nineteenth day. (p. 209) He noted the absence of anything specific from careful descriptions of postmortem lesions. Earlier, in 1836, William Gerhard had stressed the absence of lesions of the Peyer's patch in typhus patients. Bartlett was only able to speculate on the contagiousness of typhus and felt certain that the poison of typhus might be generated by "the crowding together in close unventilated apartments, amidst accumulations of personal filth of the wretched and suffering poor." (A. Bloomfield: *A Bibliography of Internal Medicine. Communicable Diseases*, Univ. College Press, 1958, p. 236) Proof of transmission of the causative rickettsia by the body louse was made by Nicolle in 1909.

Bartlett's book contained the first complete account of typhoid fever in the English language. The section is a masterpiece of clinical writing and includes a careful analysis of current concepts with rational conclusions. Bartlett accepted the contagion concept of typhoid and acknowledged that the cause was unknown but the disease itself specific. He concluded, "Which disease, thus characterized and defined, differs essentially from all others, in its course, in its symptoms, in its lesions; and is, in the present state of our knowledge, only to a limited extent under the influence of control of art." (p. 180) Again, it needs to be acknowledged that Gerhard clearly distinguished between typhus and typhoid in 1836.

An Essay on the Philosophy of Medicine, published in 1844, was the most characteristic of his literary style and remarkable insight. In this excellent article, Bartlett wrote: "In this progress of medical science, which we thus confidently anticipate, some of its branches will take precedence of others. Diagnosis for instance, will be in advance of therapeutics; and this for two reasons. In the first place, the elements of the former are fewer, and less complex in their relations than those of the latter; and in the second place, diagnosis is an essential prerequisite of therapeutics." "Science," Bartlett said, "consists of ascertained facts obtained only by observation and experience which are then generalized into law and principles." (Bartlett, E.: *An Essay on the Philosophy of Medical Science*, Philadelphia, Lea and

Blanchard, 1844, pp. 282-285) Bartlett held that "the morbid conditions may absolutely have no therapeutic or curative relationships. Some of the chronic diseases, for example, consumption, may be controlled because the causes of many of these diseases are obviously to be found in the violations of the known conditions of health. We, therefore, have the power of avoiding the afflictions." Here, he was fully cognizant of the relationship of environmental factors and human illness. This work, with its perceptive insight which pertains today, was published when Bartlett held the Chair of Theory and Practice at Maryland. Other lesser works were: *An Inquiry Into the Degree of Certainty of Medicine, and Into the Nature and Extent of its Power Over Disease, The History, Diagnosis and Treatment of Edematous Laryngitis*, and his occasional addresses, in which Osler thinks he was at his best. He wrote in a remarkably clear and polished style. One of Bartlett's early journalistic ventures failed. Bartlett intended to publish a journal primarily for the medical student, a novel concept conceived to interest the student in the humanistic aspects of the profession. Only three issues appeared and the reason for the premature cessation of the series is unclear. Osler stated later that Bartlett "had the good sense after three numbers to give up a publication which the profession did not sustain." (Beck, Irving A.: *An Early American Journal Keyed to Medical Students: A Pioneer Contribution of Elisha Bartlett*. Bull. Hist. of Medicine, 40:124-134, 1966.)

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PLANNING

G. Bruce McFadden

Planning has become equated with the formal steps of research, formulation of objectives and the creation of written plans. To view planning as distinct from and even remote from the managing process is to severely limit the help it can provide managers in gaining control over the destiny of their organizations. Planning must be seen as a total strategy for increasing the control which managers have over the performance and direction of their organizations, particularly as action today affects results tomorrow.

Simply stated, planning is advance thinking as a basis for doing. This involves thinking about what to do, which is goal-setting; thinking about how to get it done, which is programming; and continuous thinking as the programming unfolds as to whether the goals and programming are correct, which is evaluation and reevaluation. If planning is to be improved, major emphasis must be placed on challenging people to think in terms of systematically established goals and objectives.

Comprehensive health planning has become increasingly intense since the passage of the National Health Planning and Resources Development Act, Public Law 93-641. It must encompass all of the factors impacting directly and indirectly on the provision of health care. Today such factors include compliance with the requirements of external regulatory agencies, rate review and cost containment, graduate medical education requirements, marketing strategies, the availability and utilization of space, personnel and dollar resources, as well as community-related health requirements and goals.

Planning at the governing body level is characterized by its broad scope, its concern for the future and its potential impact on the community and other institutions and programs. The governing body is charged with the establishment of overall goals and objectives which are consistent with the Comprehensive Health Plan for the Health Systems Area and which provide the framework for the Hospital's operational plan.

Planning at the organizational or operational level includes a broad array of continuous and interlocking activities designed to ensure that the institution as an organization is capable of responding effectively to change. The adequacy or success of such a plan depends upon and reflects efforts at the various departmental levels. Departmental planning encom-

passes a wide range of activities relating, for example, to forecasting and quantifying demands for services, determining manpower needs, scheduling personnel to meet changing demand for services, planning for efficient use of space to house departmental activities and forecasting equipment and supply needs to meet anticipated service requirements or new technological developments. Such planning often transcends departmental lines and involves interchange of information or coordinated effort among several departments, institutions and community agencies.

At each of these levels the persons responsible for planning vary: they range from the governing body of the institution, and its administrative and professional staffs, to various outside parties and agencies concerned with the community's health affairs. In carrying out the planning process, participants have a generally accepted sequence of steps. They are as follows:

1. Define the area of need or issue
2. Analyze the area of need or issue
3. Define general goals related to need or issue
4. Set specified objectives
5. Identify alternative courses of action
6. Select desired alternative course of action
7. Develop a specific course of action
8. Implement course of action
9. Evaluate¹

The State of Maryland took a leadership role in the establishment of the Health Services Cost Review Commission and was one of the first states to have a fully designated Health Systems Agency and approved Health Systems Plan. As a result, the rates which hospitals may charge are now set by the Cost Review Commission and applications for additions, changes and/or closures of hospital facilities or even parts of hospital facilities or services must be submitted to the Health Systems Agency for review and prior approval.

These review processes require a clear definition of the role and responsibility of the University of Maryland Hospital in terms of the provision of tertiary care, general health care services and education, as well as an understanding of the multiple publics which the Hospital serves. The allocation and utilization of limited resources which include space, personnel and dollars must be related to program, and programs must be tied in with overall institutional and community, as well as departmental, objectives.

¹ *The Practice of Planning in Health Care Institutions*. Chicago, Illinois, 1973.

PRESIDENT'S MESSAGE

Robert T. Singleton, M.D.

Dear Colleague,

With the winter months receding and spring in the not too distant future, I would like to recount some accomplishments and remind you of some of the objectives outlined last summer.

Many of our Baltimore alumni had an opportunity to meet Dr. John S. Toll, newly appointed President of the University, when he and Mrs. Toll attended a reception honoring Dr. and Mrs. Herbert Berger upon their endowment of the first chair in the history of our institution.

The Junior Oyster Roast was a huge success and many future alumni are now aware of our organization and its objectives. Photos of the roast as well as a reception at the Southern Medical Meeting in Atlanta appear under "Alumni Fall Happenings" in this issue.

For the first time, the freshman and sophomore classes of the Medical School were entertained this month at a Wine and Cheese Party to introduce them to the aims and purpose of the Alumni Association.

The restoration of Davidge Hall, under the capable leadership of Dr. George H. Yeager, is now underway with important construction to reinforce major supporting structures. We are no longer in the "talking" phase but, instead, moving toward our goals thanks to the generosity of so many alumni and friends.

I would like to bring you up to date on our finances and the Annual Fund drive as outlined to the membership in my letter of June 23. At this writing, we have 2,000 active dues-paying members. As you know, receipts from dues are used for the operation of the alumni office including salaries, postage, maintenance, printing, and office supplies. In regards to the 1978-79 Annual Fund drive, it is unfortunate that we were unable to keep the schedule outlined in my earlier letter. However, the response thus far from the mail appeal has been very encouraging and our goal of \$150,000 is in sight. The Phonothon, originally scheduled during the last two weeks in November, was conducted the first two weeks of February. Most calls were made by classmates, particularly those celebrating five-year



reunions in the spring. The Phonothon was an effort to contact those of you who did not have time to respond to the Annual Fund mail appeal. Incidentally, we do appreciate your cooperation in providing phone numbers. As dues are received, we find many of you have noted current telephone numbers which was certainly a great help to the alumni office in preparing cards for the volunteers making calls.

By the time the next issue of the *Bulletin* is in print, we will be able to give you more information on the status of the fund raising for 1977-78.

At a meeting of the Board of Directors and a subsequent meeting of the Executive Committee the latter part of November, decisions were reached as to disbursements to the School of Medicine from proceeds of the 1977-78 drive. The check, representing unrestricted donations, was presented to Dr. John M. Dennis to be used at his discretion. Restricted funds totalling \$22,935, as reported in the last issue of the *Bulletin*, previously were disbursed at the close of the fiscal year, June 30, 1978.

As we move into this new area of fund raising, I believe each of us can take a great deal of pride in the response of our alumni. In the history of the Medical Alumni Association, this is the first recorded occasion where material assistance has been given to the School of Medicine or the Dean for furtherance of medical education.

With the progress in fund raising and active membership, it became apparent to the Board of Directors that modernization and updating of the alumni office records was vital in order to keep pace

with the growth. Following a number of Executive Committee meetings to consider options (outside computerization vs. an in-house system), the decision was made to purchase an IBM Information Processor. This will not only enable the alumni staff to keep an accurate record of the voluminous entries during the Annual Fund drive but will also be of great assistance in developmental plans and timely reunion communications. After the equipment is installed, it is anticipated that projects such as class newsletters, directories, etc. (heretofore virtually impossible) will provide the instruments for the further reuniting of our alumni throughout the country.

Alumni Day activities, under the able chairmanship of Nathan Schnaper, should be noted and, again, please underline the dates on your 1979 calendar. Elsewhere in this issue, you will find the schedule, along with the CME accredited program which will be presented on Wednesday afternoon, May 30. This is the first accredited course the Association has offered in conjunction with the social activities during the reunion, and we hope you will take this opportunity to return to Baltimore.

In closing, may I remind you that this is your Association, and comments or suggestions would be welcome.

CHANGE YOUR CALENDAR

Due to State observance of Memorial Day, reunion activities have been rescheduled for Tuesday, May 29 and Wednesday, May 30, 1979.



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REUNION '79 NEWS

Hotel Accommodations

Rooms have been reserved at the following hotels. The Alumni Association will make reservations and further information will be supplied in the reunion announcement.

Lord Baltimore Hotel

Baltimore and Hanover Streets
Baltimore, Maryland 21201
Phone: (301) 539-8400

Single: \$20
Double: \$26

Holiday Inn

301 West Lombard Street
Baltimore, Maryland 21201
Phone: (301) 685-5317

Single: \$26
Double: \$31

Baltimore Hilton Hotel

101 West Fayette Street
Baltimore, Maryland 21201
Phone: (301) 752-1100

Single: North Tower, \$33
South Tower, \$37

Double: North Tower, \$41
South Tower, \$45

Reunion announcements, with complete details of all activities, will be mailed to you. If you do not receive them by **April 25, 1979**, please contact the Alumni Office.

Alumni Day Activities

Tuesday, May 29, 1979

6:00-11:00 p.m. Complimentary Cocktail Reception
Davidge Hall
(Open bar, hot and cold hors d'oeuvres)

Wednesday, May 30, 1979

8:00 a.m. Continental Breakfast
Gardens of Davidge Hall

9:00 a.m. Annual Business Meeting
Presentation: 25-year Certificates
Presentation: Honor Award and Gold Key

11:00 a.m. Tour of Medical School

12:00 Complimentary Lunch
Gardens of Davidge Hall

1:00-4:30 p.m. First Annual Alumni Post-graduate Refresher
Cancer Research: The Key to Cancer Treatment
Davidge Hall
CME accredited

7:00 p.m. Reception
Francis Scott Key Room
Baltimore Hilton

8:00 p.m. Annual Alumni Banquet

9:30-12:30 Dancing

Thursday, May 31, 1978

3:00 p.m. Commencement
Baltimore Civic Center

First Annual Alumni Postgraduate Refresher

Alumni Day, this year, affords the opportunity not only of renewing personal ties with your classmates but also of refreshing your education. The Alumni Association, in collaboration with the Program of Continuing Education, has arranged a course which will provide the most current information on cancer therapy and which also has been accepted for 3 hours of Category I credit for the Physician's Recognition Award of the American Medical Association. Your Alumni Association hopes that this extra in-

ducement of professional development will encourage a record attendance at this year's reunion.

This course is designed to acquaint the practicing physician with research, medications and techniques currently utilized in cancer therapy. The faculty members are recognized authorities in their respective fields. The titles to their presentations reflect a rational, comprehensive approach to the cancer patient.

An Update on Current Cancer Therapy

Davidge Hall
Wednesday, May 30, 1979
1:00 to 4:30 p.m.

Cancer Research: The Key to Cancer Treatment

PROGRAM

- 1:00 *Introduction*
Dr. Nathan Schnaper, Professor of Psychiatry, Head, Clinical Psychiatric Section, Baltimore Cancer Research Center, National Cancer Institute
- 1:05 *Recent Developments in Pediatric Oncology*
Dr. Allen Schwartz, Professor of Pediatrics
- 1:30 *Recent Developments in Medical Oncology*
Dr. Peter Wiernik, Professor of Medicine and Acting Director, Baltimore Cancer Research Center, National Cancer Institute
- 2:00 *Recent Developments in Surgical Oncology*
Dr. E. George Elias, Professor of Surgery and Director, Program of Surgical Oncology
- 2:30 *Recent Developments in Cancer Etiology*
Dr. Benjamin F. Trump, Professor and Chairman, Department of Pathology, American Cancer Society Professor of Oncology
- 3:00 *Beverage Break*
- 3:30 *Recent Developments in Cancer Epidemiology*
Dr. Irving Kessler, Professor and Chairman, Department of Epidemiology and Preventive Medicine
- 4:00 *Panel Discussion*
Drs. Schnaper, Schwartz, Wiernik, Elias, Trump and Kessler
- 4:30 *Adjournment*



Class of 1929 pictured at their 40th Reunion will be the 50th Anniversary celebrants at this year's reunion

If your class graduated in a year ending in 4 or 9, then 1979 is your reunion year.

Following are the Class Captains for the '79 Reunions from whom you have probably heard. If not, contact your Class Captain—he would be delighted to hear from you.

If your Class Captain has apprised you of the Reunion plans and if you plan to attend, why not contact class members in your locality and encourage them to join you in returning to Baltimore in 1979?

1929	William J. Sullivan, M.D. 11 E. Chase Street Baltimore, Maryland 21202 (301) 752-1710	1954	J. Walter Smyth, M.D. 550 N. Broadway Baltimore, Maryland 21205 (301) 276-1411
1934	Isadore Tuerk, M.D. 5606 Rockspring Road Baltimore, Maryland 21209 (301) 367-4226	1959	James P. Durkan, M.D. 5225 Windmill Lane Columbia, Maryland 21043 (301) 332-9554
1939	Raymond M. Cunningham, M.D. 3818 Patterson Baltimore, Maryland 21207 (301) 944-4224	1964	Salvatore R. Donohue, M.D. 5420 Springlake Way Baltimore, Maryland 21204 (301) 728-7924
1944	Walter K. Spelsberg, M.D. 13 Buchanan Road Baltimore, Maryland 21212 (301) 377-9792	1969	Mark Applefeld, M.D. Room 3-517 University of Maryland Hospital Baltimore, Maryland 21201 (301) 528-6727
1949	Richard C. Fravel, M.D. 516 Sun Life Building 20 S. Charles Street Baltimore, Maryland 21201 (301) 539-8220	1974	Bruce L. Regan, M.D. Room 1-617 University of Maryland Hospital Baltimore, Maryland 21201 (301) 528-7214

1977-78 Annual FUND WRAP-UP



We regret that the names of **Frederick J. Balsam, M.D.**, Associate Member, and **Paul F. Richardson, M.D., '50**, were omitted from the list of members of the Founders Club.

Robert T. Singleton, Medical Alumni Association President, presented Dean John M. Dennis with a check enabling the finishing and furnishing of clinical facilities for on-the-site medical care at the Harbor Apartments, a complex of apartments for senior citizens which overlooks the Inner Harbor near the Medical School.

The funds represent a portion of the results of the initial efforts of the Medical School Alumni Association in developing an annual campaign, funds not available to the Dean and the Medical School from its state-funded budget.

This project, associated with the John L. Deaton Center, will benefit senior citizens in and near the Harbor Apartments by providing medical care in the individual's own surroundings, while, at the same time, pro-

viding the opportunity for medical students and residents to see and treat geriatric problems at their source.

With the project, the Medical School takes the lead in establishing an ambulatory outreach program which will further provide the means for interprofessional primary care service also in the fields of dentistry, nursing, social work, pharmacy, and even law, since these disciplines are equally available from the area. It will provide an outstanding indication of the recognition by the University of Maryland Medical School of its commitment to community service and of the need to further the training of its graduates and undergraduates in this field.

The Alumni can take pride in their role in this new direction.

Alumni Happenings



JUNIOR OYSTER ROAST

Umur M. Atabek '80, class treasurer, pours for senior associate dean Morton I. Rapoport '60. Witnessing approval are Phuong D. Trinh, vice president, Dale K. Dedrick, secretary and Michael Pratt, president, '80 class officers.



L-R: Winthrop Davis '80, Sharon B. Satterfield, and Russell R. Monroe, Alan Gelman '80, Ken Jurist '80 and wife, Kathy, Mark Himmellieber '80, Steven Palder '80



Dean John M. Dennis '45 and Mrs. Charles C. Edwards appear to be avid students of the fine art of oyster shucking

Raymond J. Lipin '36 and Theodore E. Woodward '38 enjoying the steamship round of beef with Craig Dickman '80.





Standing: Joseph W. Burnett, Faculty, Arlie S. Mansberger '47, Robert T. Singleton '53
Seated: Mrs. Mansberger, Mrs. Singleton

S M A M E E T I N G



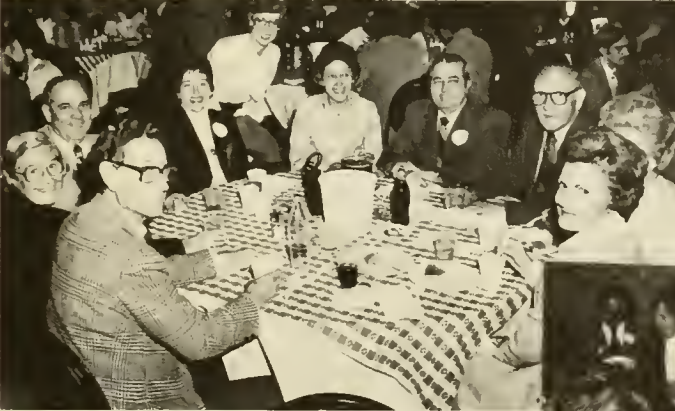
K. C. Kunze '80, L. Guy Chelton '50, Bruce S. Schoenberg, Faculty and member of the Board of Editors for the Southern Medical Journal



Chancellor Albin O. Kuhn, S. Virginia Huffer '50, Mrs. Kuhn, Mrs. Reed and Julian W. Reed '52



Michael Pratt '80 presenting door prize to a classmate.



C. Richard Fravel '49, Paul F. Richardson '50, William B. Reeve, Jr. '50, Edward F. Cotter '35 and Henry H. Startzman, Jr. '50 (not pictured) enjoying the roast with their ladies.



Faculty members and students alike gather at the favored spot of the evening ... the raw bar



Proud fathers with sons in the Class of '80—Henry H. Startzman, Jr. '50 and Henry H., III, Paul F. Richardson '50 and James P., and Joseph D'Antonio '46 and Richard D.



George H. Yeager '29 assisted by Mrs. Robert Singleton, presents Dr. Berger with the Anatomical Hall student chair he occupied in his undergraduate days.

President and Mrs. John S. Toll lead the accolade to Dr. & Mrs. Berger



Chair of Medicine Endowed

Herbert Berger '32, physician and authority on narcotic abuse and addiction of international repute, was honored at a formal reception on October 20, 1978 for his endowment of the Dr. Herbert Berger Chair of Medicine, the first named chair of the University of Maryland School of Medicine and the first chair to be endowed by an individual in the history of the medical school. The reception and program was held in the new Medical School Teaching Facility on the University's Baltimore City campus.

The chair has been made possible through a \$500,000 charitable remainder trust established by Dr. and Mrs. Berger. Future income from the trust will provide supplemental support for faculty in the Department of Medicine.

Dr. Berger was recipient of last year's Honor Award and Gold Key, an award presented annually by the Medical Alumni Association to an alumnus who has distinguished himself in the service of medicine and mankind.

A long-time member of the Medical Alumni Association, Dr. Berger served as the organization's vice president in both 1969 and 1973. Active in the affairs of the association and the medical school, he endowed the Herbert Berger Lectureship in Medicine in December of 1976, stating that the endowment was in return for his medical education, particularly the Karlinsky Scholarship which he received in 1929 for the highest academic standing.

Robert T. Singleton '53 presenting to Dr. Berger a certificate naming him an honorary citizen of the State of Maryland





Dr. & Mrs. Herbert Berger, donors of the first named chair in the School of Medicine



L-R: James A. Roberts '46, Ms Louise M. White, Chancellor and Mrs. Albin O. Kuhn, Mrs. Levickas, John C. Dumler '32, Herbert J. Levickas '46 and Mrs. Roberts.



L-R: President John S. Toll, Eli Galitz '43D, Dr. and Mrs. Herbert Berger, Robert T. Singleton

The Camerata of University of Maryland Baltimore County, directed by Dr. Samuel Gordon, provided entertainment





PROGRAM OF CONTINUING EDUCATION

Orthopedists Attend Conference on External Fixation

A method of
skeletal fixation
employing percutaneous
placement of pins
into the bone.

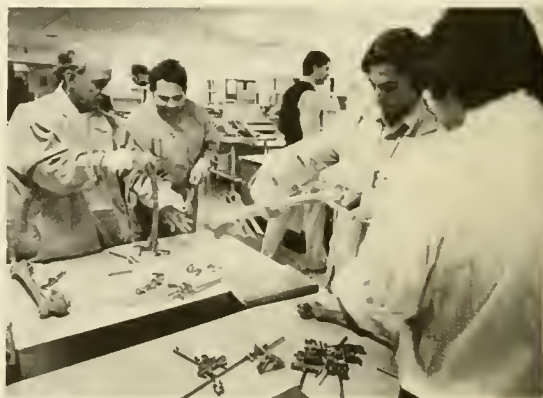
The International Conference on Hoffmann External Fixation is believed to be the largest scientific meeting ever to be held at the University of Maryland. Almost 300 physicians attended sessions on external fixation, a symposium on complex fractures of the pelvis and acetabulum, and practical workshops offering instruction in the use of new devices. Practical workshop sessions were conducted in Howard Hall's multidisciplinary laboratories while the scientific program was held in the freshman lecture hall of the new Howard Hall Tower. Lunches were served in the student commons of the recently opened Medical School Teaching Facility.

The three-day conference was organized by Charles C. Edwards, M.D. '68 who is Chief of Orthopaedic Surgery at University of Maryland School of Medicine and the Maryland Institute for Emergency Medical Services. Dr. Edwards was assisted by members of his faculty in Orthopaedic Surgery and Dr. Andrew Brooker of the Johns Hopkins University, who served as Cochairman. The Program of Continuing Education orchestrated many of the operational details and Medishield Corporation supplied equipment for the practical workshops. Dr. Edwards emphasized that cooperative efforts of many people were necessary to make this function run smoothly.

The twenty-member faculty included most of the world's experience in the use of external fixation for the treatment of major extremity and pelvic injuries.

Ten members of the faculty came from Europe for the occasion; among them Professor Jacques Vidal, of France, who developed the Hoffmann apparatus to its present form, Dr. Franz Burny, of Belgium, who has extensive experience with the device, and Dr. Sven Olerud, of Sweden, the acknowledged authority on common uses of external fixation and alternatives to this procedure.

The Hoffman external fixation apparatus employs pins through fractured or osteotomized bones which are attached to telescoping rods with universal joints. The apparatus permits fracture compression and change in alignment without loss of fracture control. About two years ago, the Orthopaedic Trauma Service began using the device (on a protocol basis) because the Hoffmann apparatus appeared to offer an advance over the windowed-cast, traction methods or internal fixation procedures for stabilizing fractured extremities with large open wounds. The University of Maryland now has the greatest experience, in this country, in treating compound tibial fractures with this method; this experience will be presented at the American Academy of



Participants of the conference received personal instruction in the application of the external fixateur in the practical workshop.



The record attendance at the conference during panel discussion on the biomechanics of external fixation

Orthopaedic Surgeons' annual meeting in February, 1979. In summary, the device proved to be excellent in stabilizing compound fractures while maintaining good access for treatment of soft tissue injuries and permitting complete patient mobilization.

Scientific papers presented at the conference were divided into five major topics. In the first session, entitled *Biomechanics and Fracture Healing*, the evolution of Hoffmann external fixation from several less rigid fixation devices was presented by Dr. Dana Mears, of Pittsburgh. Papers dealing with biomechanics established the significant stability of the Vidal configuration of the Hoffmann apparatus. Papers presented by Professor Burny and Dr. Jorgensen, of Denmark, showed that either strain or simple displacement gauges could be attached to the apparatus in order to assess the progress of fracture healing.

As part of the second session dealing with *Multiple Trauma*, Dr. Edwards presented the management of complex musculoskeletal injuries under the Maryland Institute for Emergency Medical Services' trauma system. German and French systems were presented as well. In the *Extremity Fracture* session, the use of Hoffmann external fixation for compound tibial fractures was explored in detail. Other papers dealt with femur, upper extremity and intra-articular fractures. During the panel discussion following this session, controversy arose over the amount of rigidity that is optimal for extremity fracture fixation. Professor Burny favored the more elastic, single-frame configuration whereas Professor Vidal, and others, preferred the more rigid, double-frame configuration for lower extremity fractures. All participants felt the single-frame was sufficient for upper extremity fractures.

The session on *Non Trauma Applications* included several interesting uses for modern external fixation devices—leg lengthening, prevention of contractures in burn patients, treatment of septic non-unions with or without gentamicin beads and joint fusions. Dr. Asche, of Germany, presented his extensive experience using the mini-Hoffmann apparatus for complex fractures and injuries of the hand.

An overview was provided by Professor Drennen Lowell, of Harvard University, in the *Pelvic Fracture Management* symposium. Various methods of stabilizing pelvic fractures with external fixation then were explored in papers from Pittsburgh and Strasbourg, France. The panel reached the consensus that external fixation can achieve better restoration of pelvic alignment, more rapid healing and quicker patient mobilization for selected unstable pelvic fractures than traction alone.

In addition to the scientific sessions, a practical workshop was held where personal instruction was given in the application of external fixation devices to the upper extremity, femur, tibia, pelvis and hand. Artificial bones and cadavers, supplied by the Anatomy Board, were used for this workshop. Following the scientific sessions on the third day of the conference, many of the surgeons toured the facilities of the Maryland Institute for Emergency Medical Services while other participants joined with a select panel for case presentations.

Because of the favorable response from course participants and the outstanding attendance, the Division of Orthopaedic Surgery plans to organize similar national and international conferences on an annual basis to be held at the University of Maryland School of Medicine.

Future Courses Program of Continuing Education

March 9-10

Gastroenterology for Primary Care Physicians,
Cross Keys Inn, Columbia, Maryland

April 19-21

4th Annual Cancer Symposium
International Hotel, Baltimore-Washington
International Airport

April 26-27

Advances in Transfusion and Coagulation Biology,
Annapolis Hilton Inn, Annapolis, Maryland

May 11-12

Rehabilitative Medicine, Deaton Center, Baltimore,
Maryland

May 18-19

Problems in Embryonic and Early Fetal
Development, Baltimore Hilton Inn, Pikesville,
Maryland

June 3-9

5th Annual Family Medicine Review Course,
Baltimore Hilton Inn, Pikesville, Maryland

June 15-16

Symposium on Head and Neck Carcinomas,
Baltimore Hilton Inn, Pikesville, Maryland

June 21-23

Dermatology Days, Sheraton-Fontainebleau Inn and
Spa, Ocean City, Maryland

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For more information contact: The
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1920's

H. Alvan Jones '28, a retired orthopaedic surgeon, is residing at the Keswick Home for Incurables, 700 West 40th Street, Baltimore, Maryland 21211, and would welcome visitors. The *Bulletin* staff regrets the omission of Dr. Jones' biographical sketch from the August 1978 issue where the class of 1928 was featured at the observance of their 50th anniversary of graduation from the school of medicine. Dr. Jones was unable to attend the celebration but was presented a certificate of appreciation for 50 years of service in the field of medicine.

Having completed an internship at Union Memorial Hospital in 1929 and a residency at Johns Hopkins Hospital in 1932, Dr. Jones practiced in Baltimore city until his retirement. During World War II, he served his country in the South Pacific. Dr. Jones and his wife, Helen, who died about a year ago, had three children, one of whom graduated from the medical school in 1967.

Jacob H. Conn '29, has been appointed chief scientific consultant, advisor on curricular affairs and distinguished lecturer to the Morton Prince Center for Hypnotherapy of the Institute for Research in Hypnosis (Maryland-D.C. Division). Dr. Conn limits his practice to the field of medical hypnosis. He is an Assistant Professor Emeritus, Johns Hopkins University School of Medicine and an active staff member of Johns Hopkins Hospital. He was the first psychiatrist in Maryland to be certified by the American Board of Psychiatry in 1935.

1930's

Ernest R. Barnett '37 has been retired for three years and is living in North Miami Beach, Florida.

Bernard S. Kleiman '39 has been elected president of the medical staff at St. Joseph's Hospital, Baltimore, Maryland.

1940's

Daniel Hope, Jr. '40 has been appointed chairman of the Department of Anesthesiology at St. Agnes Hospital in Baltimore. He served as director of that department from 1953 to 1968. After serving in the armed forces during World

War II, where he held the rank of Captain, he completed a surgical residency and practiced surgery until 1951 when he was granted a fellowship in anesthesiology at the Lahey Clinic in Boston. He is a Diplomate of the American Board of Anesthesiology and holds membership in the Medical and Chirurgical Faculty of Maryland, the Baltimore City Medical Society and the Maryland-District of Columbia Society of Anesthesiology. Dr. Hope is a native of Ellicott City, Maryland and resides in the Baltimore area with his wife, Dorothy.

William I. Wolff '40, who resides and practices surgery in New York city, has been named president of the New York Surgical Society and Governor of the American College of Gastroenterology. He has lectured as a guest at Downstate Medical School and Veterans Administration Hospital in the Bronx. Dr. Wolff authored "The Impact of Colonoscopy on the Problem of Colorectal Cancer" published in *Progress in Clinical Cancer*, Vol. 7, 1978.

Robert A. Bauer '46 of Miami Beach, Florida has been elected treasurer of the Florida Society of Internal Medicine for the year 1978-79. Dr. Bauer is an internist specializing in cardiology, endocrinology and radioactive isotope procedures.



E. M. Brown '46

Eli M. Brown '46 has been elected first vice president of the American Society of Anesthesiologists. He is professor and chairman of the Department of Anesthesiology at Wayne State University School of Medicine and Chairman of the Department of Anesthesiology at Sinai Hospital of Detroit. A former president of the Michigan and Wayne County Societies of Anesthesiologists, he served also as chairman of its Peer Review Committee. Dr. Brown served as major in World War II.

1960's

Angela Webb Clark '61 has been recertified as a Diplomate of the American Board of Family Practice.

William C. Wimmer '65 is chief of child psychiatry at Baltimore City Hospitals.

Elliott Cohen '68 has been named chief of the Department of Psychiatry, United States Army Hospital, Heidelberg, Germany. He has been certified by the American Board of Psychiatry and Neurology.

Frederick E. Knowles, III '68 has been certified by the American Board of Psychiatry and Neurology and is practicing at 500 W. University Parkway, 1-S, Baltimore 21210.

Late last summer **Carl Gray Quillen '68** appeared on a local television program "Nine on New Jersey" describing the microsurgical techniques he used in restoring the mangled leg of a young man severely injured on a motorcycle. The procedure involved transferring a portion of the hip bone and overlying skin to the leg. With specialized microvascular techniques, the transferred portion of the hip was joined to the tissues in the leg. Dr. Quillen is assistant professor of plastic surgery at New Jersey College of Medicine, Newark and is especially interested in microvascular plastic and reconstructive surgery. He and his wife, Patricia, reside with their three children in New Jersey.

David J. Riley '68 received a Pulmonary Academic Award from the Lung Division, National Institutes of Health. The purpose of the award is to strengthen undergraduate education in pulmonary diseases. Dr. Riley is associate professor of Medicine at Rutgers Medical School.

1970's

Richard H. Wingert '72 was certified as a Diplomate of the American Board of Otolaryngology and was elected a Fellow in the American Academy of Ophthalmology and Otolaryngology. Dr. Wingert is chief of otolaryngology service with the United States Army 97th General Hospital, Frankfurt, Germany and intends to return to the Pacific Northwest to enter private practice in 1979.



M. Harrison '73

Mona Harrison '73 has been named assistant dean and director of the Office of Minority Affairs at Boston University School of Medicine. She is assistant professor of Pediatrics at the school as well as associate director of the Adolescent Center at Boston City Hospital. Dr. Harrison completed residencies in family practice and pediatrics at University of Maryland Hospital, Children's Hospital Medical Center in Boston, and Boston City Hospital. She received further fellowship training in adolescent medicine at Boston's Children's Hospital. Dr. Harrison developed and directed a summer program for minority students interested in medicine at the University of Maryland and the Johns Hopkins Schools of Medicine from 1970 to 1973. Of those participating, 98 percent entered and finished medical school. She resides in Watertown, Massachusetts, with her husband and son.

Photo: Bradford F. Herzog

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Appointments and Promotions

RESEARCH PROFESSOR: Leonard S. Taylor, Ph.D. in Radiation Therapy

ASSOCIATE PROFESSOR: Elwood H. LaBrosse, M.D., Ph.D. in Pathology

RESEARCH ASSOCIATE PROFESSOR: Leona L. Bachrach, Ph.D. in Psychiatry; John J. Bartko, Ph.D. in Psychiatry (Mathematics); Milton E. Strauss, Ph.D. in Psychiatry

ASSISTANT PROFESSOR: Denis J. Madden, Ph.D. in Psychiatry; Jean C. Sheppard, M.D. in Anesthesiology; Ole E. Ottesen, M.D. in Diagnostic Radiology; Leslie B. Barnett, M.D. in Neurology; Sheridan A. Phillips, Ph.D. in Pediatrics

CLINICAL ASSISTANT PROFESSOR: Thomas C. Cimonetti, M.D. in Psychiatry; Warren M.

Ross, M.D. in Family Medicine

CLINICAL INSTRUCTOR: Ghevont W. Wartanian, M.D. in Obstetrics and Gynecology

INSTRUCTOR: Renato R. Espina, M.D. in Medicine; Louis R. Randall, M.D. in Medicine; Harry W. Smith, M.D. in Surgery (Urology); Victor R. Felipa, M.D. in Medicine; Henry G. Sacks, M.D. in Medicine (Dermatology); Dennis J. Kutzer, M.D. in Psychiatry; Franklin J. Duffey, M.D. in Psychiatry; Paul A. McClelland, M.D. in Psychiatry; Stefanie A. Bergey, Ph.D. in Pediatrics; Charles R. Young, B.A. in Medicine

RESEARCH ASSOCIATE: Sudip K. Banerjee, Ph.D. in Biological Chemistry; James H. Baker, Ph.D. in Anatomy; James F. Knudsen, Jr., Ph.D. in Neurology; Doretha M. Brown in Psychiatry; Lallan Giri, Ph.D. in Biochemistry; Madelyn D. Stolk, B.A. in Psychiatry

ASSOCIATE: Stewart J. Novros, Ph.D. in Pathology



4th Annual Symposium on *Advances In Cancer Treatment Research*

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Location: Annapolis Hilton Inn
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Date: April 26 & 27, 1979

Contact: Program of Continuing Education
University of Maryland
School of Medicine
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Baltimore, Maryland 21201
(301) 528-3956

On November 1, 1978, at the age of 84, **Joseph Sindler '18**, Baltimore, Maryland. Dr. Sindler retired from general practice in 1959.

On October 12, 1978, **James P. Bowen '29**, Aberdeen, North Carolina. Dr. Bowen had retired from his general and surgical practice.

On October 6, 1978, at the age of 76, **William A. Hamer '30**, Charlotte, North Carolina. For 12 years he was head of the Department of Anesthesiology at Mercy Hospital in Charlotte. He was a Fellow of the American College of Anesthesiology and one of the founders of the American Society of Anesthesiology.

On December 16, 1978, at the age of 72, **Louis F. Klimes '32**, Baltimore, Maryland. Dr. Klimes retired from general practice in 1976.

On September 11, 1978, at the age of 72, **S. Harry Berns '34**, New York City. He was Assistant Clinical Professor of Physical Medicine and Rehabilitation at New York University Medical Center School of Medicine and Director of Physical Medicine and Rehabilitation at the Harlem Hospital, New York City. Dr. Berns retired from private practice in 1976.

On September 10, 1978, at the age of 69, **Emanuel M. Satulsky '34**, Elizabeth, New Jersey.

On November 15, 1978, at the age of 65, **Benjamin H. Isaacs '36**, Baltimore, Maryland. Dr. Isaacs was a member of the staff of Mercy Hospital for more than 30 years and a medical consultant to the Social Security Administration for 10 years. He was a former president of the Maryland Society of Otolaryngology.

James C. Joyner '18, New York City

ABRAHAM HARRY FINKELSTEIN '27

1903-1978



Abraham H. Finkelstein died unexpectedly on the evening of December 25, 1978. As saddened as we are about his death, we can take heart in the fact that he was able to continue his full activity and was able to do those things which were the most meaningful to him to the very end. Finkie was respected and loved by us all—his patients, their families, his friends, his colleagues, and his students—positions most of us occupied at one time or another.

Finkie was associated with the School of Medicine since 1927, the year he received his medical degree. He then took his pediatric training here and started in the pediatric outpatient department in 1928. He joined the faculty in 1930 and became the Director of the pediatric outpatient department in 1935, a role which he admirably filled until his death. He was the Director of the Eudowood Children's Hospital from 1931 to 1964, when it was torn down, and lived on the hospital grounds for a number of years.

He was professionally well known and highly respected not only as a pediatrician but also as an expert in chest diseases of children, especially tuberculosis. He received many honors and accolades during his career, including the Honor Award and Gold Key of the Medical Alumni Association in 1970, and in 1973 was named Distinguished Pediatrician of the Year by the Maryland Chapter of the American Academy of Pediatrics.

Patients adored him, parents were assured by his excellent care of their children, students respected him for his medical knowledge and appreciated the hours he spent with them, his colleagues recognized him as a competent, capable pediatrician and all knew him to be a wonderful human being. He taught legions of students and was never too busy to answer all questions posed to him by students. He was truly interested in their academic and personal welfare. He gave selflessly of his time and his energy. Finkie taught us to care, to be humble, to have empathy and to be concerned. He was an exceptionally generous person, both personally and fiscally. He was long a loyal supporter of the University, the School and the Department.

His many contributions and wise counsel will be long remembered. We have lost a true friend and we shall sorely miss him.

Karl H. Weaver, M.D. '53

ALUMNI NEWS REPORT

TO THE BULLETIN:

I would like to report the following: _____

[illegible]

SUGGESTIONS FOR ITEMS

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Residency Appointment

Research Completed

News of Another Alumnus

Academic Appointment

Interesting Historic Photographs and Artifacts

Scientific Articles

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School of Medicine
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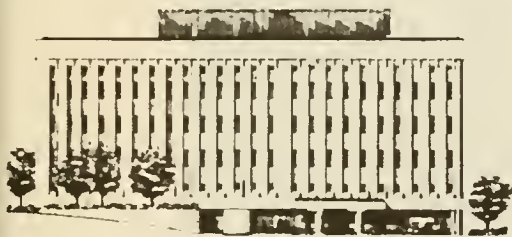
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